

CHECKLIST OF REQUIREMENTS
COMPETENCY ASSESSMENT CENTER

1. Letter of Intent
2. Copy of SEC Registration
3. Business Permit
4. Fire Safety Certificate
5. BIR Registration
6. Company Profile
7. Organizational Structure
8. Staff Compliment and Profile
9. Building lay-out/floor plan/shop lay-out
10. Self-assessment checklist
11. List of equipment, tools and materials (identified in the AT)
12. Location map
13. Lease of Contract, when applicable

**ACCREDITATION OF ASSESSMENT CENTER
SELF-ASSESSMENT CHECKLIST**

Name of Assessment Center-Applicant	
Address	
Title of Qualification Applied for	
Date Accomplished	

A. PHYSICAL STRUCTURE				
Item	Quantity		Remarks	
	Required	Existing		
A.1 Location and Area				
A.1.1	accessibility	accessible to public transport		
A.1.2	Assessment area	Minimum area provided to permit ample workplace for candidates		
A.2 Lighting and Ventilation				
A.2.1	assessment room or laboratories	lighted at an average of 30-40 ft. candle with minimal tolerance dark spots.		
A.2.2	air conditioning unit	optional		
A.2.3	blowers/fans	Quantity shall be according to the size of the room		
A.3 Auxiliary Room				
A.3.1	Storeroom	Storeroom for tools, materials		
		Bins/racks for critical materials		
A.3.2	room for performance assessment	must be able to accommodate at least 10 candidates/ batch;		
A.3.3	Chairs and tables			

A.3.4	comfort rooms	Clean and functional		
		Separate for male and female		
		Located at convenient part of the building		
A.4 Assessment Equipment, Hand tools, Supplies, materials				
A.4.1	Equipment	in accordance with the list in the Training Regulations/ Assessment Tools of the Qualification/s applied for.		
A.4.2	hand tools			
A.4.3	supplies, materials			
A.5 Safety Provisions				
A.5.1	Medicine cabinet	with first aid kit and other medical paraphernalia		
A.5.2	Open floor spaces	entrances and exits are maintained		
A.5.3	Work stations, tool panels and equipment	are appropriately grouped to provide ease of movement;		
A.5.4	fire extinguishers	Functional		
		located in conspicuous and highly accessible locations/ places		
A.5.5	Equipment lay out	Arranged according to sequence of operations to allow maximum use of resources;		
A.5.6	Color coded buttons.	Strategically installed and located for emergency purposes		

B.	Administrative			
B.1	Documentary Requirements	1.	SEC Registration or equivalent	
		2.	Business Permit	
		3.	BIR Registration	
		4.	Building lay out/ Floor plan	
B.2	Communication Facilities	1.	Telephone	
		2.	Fax machine	
		3.	Computer with peripherals	
		4.	Internet connection	
B.3	Staff Complement			
	B.3.1 Manager			
	B.3.2 Cashier			
	B.3.3 Computer Operator/Data Encoder			
	B.3.4 Liaison Officer			

List of Tools and equipment shall be based on the requirement identified in the Assessment Tools

Submitted by:	
Name:	Signature:
Position/Designation:	Date of submission:



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

CERTIFICATE OF ACCREDITATION

This is to certify that

(Insert Name of Assessment Center)

is an Accredited Competency Assessment Center for

Insert Title of Qualification

Accreditation No. _____

Date Accredited: _____ Expiration Date: _____

Approved by: _____
Provincial/Director, (Name of Province/District)

Republic of the Philippines)
In the City of _____) s.s.

AFFIDAVIT OF UNDERTAKING
(Assessment Center)

_____(Name of Assessment Center)_____, represented by its President, _____(Name)_____ with business address at _____,after having been sworn to in accordance with law do hereby depose and state that:

The Competency Assessment Center shall comply with the following terms and conditions, violations of any of those mentioned below shall be ground for the suspension/ cancellation/ withdrawal of accreditation:

1. Provide quality assessment for _____(Title of Qualification where accredited)_____;
2. Maintain facilities of the assessment center as prescribed by TESDA;
3. Ensure that the conduct of competency assessment is strictly in accordance with the provisions on the PTQCS Guidelines and Procedures Manual on Competency Assessment;
4. Collect competency assessment fees prescribed by TESDA;
5. Sustain compliance with accreditation requirements;
6. Notify TESDA of any change that directly or indirectly affect assessment conditions in relation to the conditions existing during the original accreditation;
7. Safeguard/ Ensure the authenticity, validity and confidentiality of all documents relative to the conduct of competency assessment;
8. Assume full responsibility for ensuring the objectivity and integrity of assessment conducted in the Assessment Center and by the Competency Assessor; and
9. Submit and post assessment results and reports immediately after the conduct of assessment;

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____, 20 _____ in the City of _____, Philippines.

Affiant

SUBSCRIBED AND SWORN to before me, this _____ day of _____, 20 _____, in the _____, Philippines. Affiant exhibited to me his/her Community Tax Certificate No. _____ issued on _____ at _____.

NOTARY PUBLIC

Doc. No. : _____
Page No.: _____
Book No.: _____
Series No.: _____