

1.0 Attachments

TESDA-SOP-TSDO-03-F01

Program Registration Requirement Checklist

Name of Institution			
Address			
Program(s) Applied		Tel/Fax No.	
Program Registration Requirements	Compliant		Remarks
	Yes	No	
<i>For New Application</i>			
1. CORPORATE AND ADMINISTRATIVE DOCUMENTS			
a) Letter of application			
b) Board Resolution / Academic Council Resolution to offer the program signed by the Board Secretary and attested by the Chairperson (SUCs, LCUs, and private institutions)			
c) Special law creating the institution (for public institution) e.g. Republic Act, Executive Order, Sanggunian Resolutions)			
d) Securities and Exchange Commission (SEC) Registration for <i>private institutions</i> (must specifically cover the Training delivery site)			
e) Articles of Incorporation			
f) Proof of building Ownership or contract of lease (covering at least two years)			
g) Current Fire Safety Certificate			
NOTE: FOR MARITIME ONLY			
h) Proof of Quality Management Systems (QMS) from a recognized third party certifying body in the maritime sector.			
i) If there's no third party certifying body, the Institution must present the following: <ul style="list-style-type: none"> • Quality Manual (that cover's the Quality Policy of the Institution) • Quality Procedures Manual • Standard Operating Procedures Manual • Internal/External Audit Report • Management Review Report 			

Name of Institution			
Address			
Program(s) Applied		Tel/Fax No.	
Program Registration Requirements	Compliant		Remarks
	Yes	No	
<i>For Institutions that will branch out</i>			
j) The Articles of Incorporation & Bylaws must state reasons for opening of the branch. The Board Resolution signed by majority of the Incorporators must be notarized, received and noted by SEC.			
2. CURRICULAR REQUIREMENTS			
a) Competency-based Curriculum (indicating the qualification being addressed and the competencies to be developed) <ul style="list-style-type: none"> Curriculum design Modules of instruction 			
b) List of equipment, tools and consumables necessary to deliver the program.			
c) List of instructional materials (such as reference materials, slides, videotapes, internet access and library resources) necessary to deliver the program			
d) List of Physical Facilities & Off-Campus Physical Facilities indicating floor area			
e) Shop layout of training facilities indicating the floor area			
3. FACULTY AND PERSONNEL			
a) List of officials with their qualifications (supporting evidences available, such as copies of certificates, etc)			
b) List of faculty with their qualifications, areas of expertise, and courses/seminars attended (supporting evidence available, such as relevant trainer qualification certificates, copies of contracts of employment, etc)			
c) List of non-teaching staff with their qualifications (supporting evidences available, such as copies of certificates/contracts of employment, etc)			

Name of Institution			
Address			
Program(s) Applied		Tel/Fax No.	
Program Registration Requirements	Compliant		Remarks
	Yes	No	
4. ACADEMIC RULES			
a) Schedule and breakdown of tuition and other fees (duly signed by the school head indicating the effectivity of school year)			
b) Documented grading system, details of which are provided to students/trainees at the start of their program			
c) Entry requirements for the program comply with the relevant training regulations if applicable.			
d) Rules on attendance			
5. SUPPORT SERVICES			
a) Health services are available to the students/trainees (if these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted)			
b) Career guidance services are available to the students/trainees			
c) Community outreach program (documented evidences available) – optional			
d) Research that supports the operation of the school is carried-out (e.g. surveys, consultations, meeting with local industry and community representatives; technical research) – optional			

Checked by: _____
UTPRAS Focal Person

Date: _____

CHECKLIST ON THE REQUIREMENT FOR A WORKING QUALITY SYSTEM

Name of Institution : _____

Course (s) Offered : _____

Address: _____

Tel/Fax Numbers: _____

PARTICULARS	YES	NO
1. Is there a Valid Quality Management Systems (QMS) Certification from a recognized certifying body in the maritime sector?		
2. In case the maritime institution does not have a valid quality certification then the following documentary evidences need to be produced and validated by the audit team:		
2.1 Quality Manual that covers the institution's quality policy – (Policy Manual)		
2.2 Institution's Quality Procedures Manual		
2.3 Institution's Standard Operating Procedures Manual		
2.4 Internal Audit Report		
2.5 External Audit Report		
2.6 Management Review Report		

Prepared by:

Signature Over Printed Name

Designation

Date

CURRICULUM DESIGN

TVET QUALIFICATION: _____

Nominal Duration: _____

Name of Institution : _____

Competencies	Duration of Training																			
	Month 1				Month 2				Month 3				Month 4				Month 5			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Basic Competencies (hrs)																				
1.																				
Common Competencies (hrs)																				
1.																				
Core Competencies (hrs)																				
1.																				

Submitted by: _____ Attested by: _____ Inspected by: _____
 Institution Representative Institution Head PO / DO / TEP Expert

Date:

Date:

Date:

LIST OF EQUIPMENT

Program: _____
 Name of Institution: _____

Name of Equipment (1)	Specification (2)	Acquisition Year (3)	Quantity on Site (4)	Quantity Required (5)	Difference (6)	Percent Compliance (7)	Inspector's Remarks (indicate standard ratios) (8)

Submitted by: _____ Attested by: _____ Inspected by: _____
 Institution Representative Institution Head PO / DO / TEP Expert

Date: _____ Date: _____ Date: _____

Note: Columns 1-4 to be filled out by Institution; Columns 5-8 to be filled out by PO/DO/TEP-Expert

LIST OF TOOLS

Program: _____
Name of Institution: _____

Name of Tools (1)	Specification (2)	Acquisition Year (3)	Quantity on Site (4)	Quantity Required (5)	Difference (6)	Percent Compliance (7)	Inspector's Remarks (indicate standard ratios) (8)

Submitted by: _____ Attested by: _____ Inspected by: _____
Institution Representative Institution Head PO / DO / TEP Expert

Date: _____ Date: _____ Date: _____

Note: Columns 1-4 to be filled out by Institution; Columns 5-8 to be filled out by PO/DO/TEP-Expert

LIST OF CONSUMABLES

Program: _____

Name of Institution: _____

Name of Consumables (1)	Specification (2)	Quantity on Site (3)	Quantity Required (4)	Difference (5)	Percent Compliance (6)	Inspectors Remarks (indicate the standard ratios) (7)

Submitted by: _____ Attested by: _____ Inspected by: _____
 Institution Representative Institution Head PO / DO / TEP Expert

Date:

Date:

Date:

Note: Columns 1-4 to be filled out by Institution; Columns 5-8 to be filled out by PO/DO/TEP-Expert

TESDA-SOP-TSDO-03-F06

LIST OF INSTRUCTIONAL MATERIALS/LIBRARY HOLDINGS

Program: _____
 Name of Institution: _____

Title	Classification*	Date of Publication	No. of Copies	Inspector's Remarks

Submitted by: _____ Attested by: _____ Inspected by: _____
 Institution Representative Institution Head PO / DO / TEP Expert
 Date: _____ Date: _____ Date: _____

* Classify whether journal, book, magazine, etc.

TESDA-SOP-TSDO-03-F07

LIST OF INSTITUTION'S PHYSICAL FACILITIES

Program: _____
Name of Institution: _____

Name	Description	Quantity	Inspector's Remarks

Submitted by: _____ Attested by: _____ Inspected by: _____
Institution Representative Institution Head PO / DO / TEP Expert

Date: _____ Date: _____ Date: _____

TESDA-SOP-TSDO-03-F08

LIST OF OFF-CAMPUS PHYSICAL FACILITIES

Program: _____
Name of Institution: _____

Name	Description	Quantity	Inspector's Remarks

Submitted by: _____ Attested by: _____ Inspected by: _____
Institution Representative Institution Head PO / DO / TEP Expert

Date:

Date:

Date:

LIST OF OFFICIALS (President, Registrar, Guidance Counselor, etc.)

TESDA-SOP-TSDO-03-F09

Program: _____
Name of Institution: _____

Name	Position	Nature of Appointment	Educational Attainment	Experience Related to Position	Industry Experience	Competency Certificates	Remarks

Submitted by: _____
Institution Representative

Attested by: _____
Institution Head

Inspected by: _____
PO / DO / TEP Expert

Date:

Date:

Date:

TESDA-SOP-TSDO-03-F10

TRAINERS, FACULTY, TEACHING PROFESSIONALS

Program: _____
 Name of Institution: _____

Name	Position	Nature of Appointment	Educational Attainment	Experience Related to Position	Industry Experience	Relevant Trainer Qualification Certificate	Remarks

Submitted by: _____
 Institution Representative
 Date: _____

Attested by: _____
 Institution Head
 Date: _____

Inspected by: _____
 PO / DO / TEP Expert
 Date: _____

TESDA-SOP-TSDO-03-F11

NON-TEACHING STAFF

Program: _____
Name of Institution: _____

Name	Position	Nature of Appointment	Educational Attainment	Experience Related to Position	Industry Experience	Qualifications	Remarks

Submitted by: _____
Institution Representative

Date:

Attested by: _____
Institution Head

Date:

Inspected by: _____
PO / DO / TEP Expert

Date:

**Technical Education and Skills Development Authority
UTPRAS TRACKING SHEET**

NAME OF INSTITUTION : _____
 ADDRESS : _____
 CONTACT PERSON/S : _____
 PROGRAM APPLIED FOR : _____

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Applicant TVI	ROPO DO	
1) Institution representative visits / inquires about program registration requirements and procedures					
2) PO/DO UTPRAS Focal Person conducts orientation/briefing to applicant Institution on the following: <ul style="list-style-type: none"> • Program Registration Policies Procedures and Requirements • Conduct of ocular inspection • Training Regulations and Preparation of curriculum • Preparation and putting up of standard signage for the TESDA registered programs • Program Registration Compliance Audit • Sanctions and Penalties to erring institutions 					
3) Applicant Institution submits required documents to PO/DO					
4) UTPRAS Focal receives documents					
4.1 Checks completeness of documents against checklist					
4.2 Returns application if documents are not complete based on the registration requirements with notation of deficiencies					
4.3 Officially receives (stamps received) if documents are complete					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Applicant TVI	ROPO DO	
4.4 Issues Acknowledgment Letter together with the processed Program Registration Requirement Checklist					
4.5 Advises applicant to pay the non-refundable Registration Fee during the ocular inspection at the PO/DO					
5) UTPRAS focal evaluates submitted documents in detail					
5.1 Evaluates the curriculum against the TR					
5.2 Determines compliance of the curriculum against the CBC definition / format					
5.3 For programs not covered by TR (NTR), review of the curriculum shall be done with an expert					
5.4 UTPRAS Focal person recommends to the PD/DD					
5.4.1 the conduct of ocular inspection if documents are in order; or					
5.4.2 sends letter signed by the PD/DD informing the deficiencies, the 10 calendar days to comply with the requirements and the return of the documents					
6) Conduct site inspection					
1.1 The PO/DO UTPRAS focal person					
6.1.1 Advises institution re conduct of inspection					
6.1.2 Prepares checklist for inspection					
6.1.3 Schedules team inspection					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Applicant TVI	ROPO DO	
1.2 UTPRAS inspection team 6.2.1 Inspects the tools/equipments, consumables, books, workshops, facility, faculty and personnel, corporate and administrative documents, academic rules and support services against the submitted Program Registration Requirements					
7) Prepare result of site inspection					
7.1 UTPRAS Inspection Team					
7.1.1 Prepares and signs inspection report					
7.1.2 Discusses results of inspection to the institution's representative and request for the signature on the inspection report					
7.1.3 Provides copy of the inspection report to the institution's representative					
7.1.4 If there are deficiencies, informs the institution that they have 30 calendar days to comply and that a re-inspection shall be conducted					
7.1.5 Submits inspection report to the UTPRAS Focal Person					
7.2 UTPRAS Focal Person submits inspection report to the PD/DD					
7.3 For compliant institution, PO/DO submits complete documents together with the result of inspection and corresponding					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Applicant TVI	RO/PO/DO	
recommendation to RO for final review within 5 calendar days					
7.4 For institution with deficiencies, the PO/DO reminds in writing the institution within 15 calendar days after the conduct of inspection on the 30-calendar day allowable period to comply with the requirements. In case the institution fails to comply with the requirements within the 30-calendar day period, the PO/DO submits the documents to the RO and recommends issuance of Letter of Denial					
8) Issue CoPR / Letter of Denial					
8.1 RO UTPRAS focal person conducts final review of documents					
8.1.1 If found to be in order, recommends issuance of CoPR					
8.1.2 If there are deficiencies, notifies PO/DO of the deficiencies					
8.2 Within the day after receipt of the notice, the PO/DO UTPRAS focal person notifies the institution about deficiencies, and the 5 calendar days to comply					
8.3 Upon receipt of the documents correcting the deficiencies from the institution and if found to be in order, the PD/DD forwards the said documents to RO and recommends issuance of CoPR within 5 calendar days. In case the institution fails to					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Applicant TVI	ROPO DO	
comply, the PD/DD recommends issuance of Letter of Denial					
8.4 Within 10 calendar days after receipt of recommendations from PD/DD, RO focal person prepares CoPR or Letter of Denial					
8.5 RD approves and sign CoPR or Letter of Denial					
8.6 RO releases CoPR or Letter of Denial to PO/DO together with the institution's documents					
8.7 PO/DO releases CoPR or Letter of Denial to the institution					

Prepared by:

Noted by:

UTPRAS Focal Person
Date:

Provincial/District Director
Date:

INSPECTION REPORT FORM

Unified TVET Program Registration and Accreditation System (UTPRAS)

REGION: _____
 PROVINCE: _____
 Date of Inspection: _____

I. BASIC INFORMATION

Name of Institution: _____
 Address: _____

II. PROGRAM APPLIED

No.	Program Title and PTQF Level	Classification		Nominal Duration
		WTR	NTR	

III. FINDINGS

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	1. CORPORATE AND ADMINISTRATIVE DOCUMENTS			
	a) Letter of application			
	b) Board resolution to offer the program (signed by the Board Secretary and attested by the Chairperson: SUCs, LCUs, and private institutions)			
	c) Special law creating the institution (for public institution) e.g. Republic Act, Executive Order, Sanggunian Resolutions)			
	d) Securities and Exchange Commission (SEC) Registration must specifically cover the Training delivery site (<i>private institution only</i>)			
	e) Articles of Incorporation			
	f) Current Certificate of Ownership of building/contract of lease (covering at			

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	least two years)			
	g) Current Fire Safety Certificate			
	NOTE: FOR MARITIME ONLY			
	h) Proof of Quality Management Systems (QMS) from a recognized third party certifying body in the maritime sector.			
	i) If there's no third party certifying body, the Institution must present the following: <ul style="list-style-type: none"> • Quality Manual (that cover's the Quality Policy of the Institution) • Quality Procedures Manual • Standard Operating Procedures Manual • Internal/External Audit Report • Management Review Report 			
	<i>For Institutions that will branch out</i>			
	j) The Articles of Incorporation & Bylaws must state reasons for opening of the branch. The Board Resolution signed by majority of the Incorporators must be notarized, received and noted by SEC.			
	2. CURRICULUM AND PROGRAM DELIVERY			
	a) Competency-based Curriculum (indicating the qualification being addressed and the competencies to be developed) <ul style="list-style-type: none"> • Curriculum design • Modules of instruction 			
	b) Equipments, tools and consumables necessary to deliver the program. (Please attach TESDA-SOP-TSDO-03-F03, TESDA-SOP-TSDO-03-F04, TESDA-SOP-TSDO-03-F05)			
	c) Instructional materials (such as reference materials, slides, videotapes, internet access and library resources) necessary to deliver the program (Please attach TESDA-SOP-TSDO-03-F06)			

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	d) Physical Facilities & Off-Campus Physical Facilities indicating floor area (Please attach TESDA-SOP-03-F08, TESDA-SOP-03-F09)			
	e) Shop layout of training facilities indicating the floor area			
	3. FACULTY AND PERSONNEL			
	a) List of officials with their qualifications (supporting evidences available, such as copies of certificates, etc) (Please attach TESDA-SOP-03-F10)			
	b) List of faculty teaching on the program, with their qualifications, areas of expertise, and courses/seminars attended (supporting evidence available, such as NTTC, copies of contracts of employment, etc) (Please attach TESDA-SOP-03-F11)			
	c) List of non-teaching staff with their qualifications (supporting evidences available, such as copies of certificates/ contracts of employment, etc) (Please attach TESDA-SOP-03-F12)			
	4. ACADEMIC RULES			
	a) Schedule and breakdown of tuition and other fees (duly signed by the school head indicating the effectivity of school year)			
	b) Documented grading system, details of which are provided to students/trainees at the start of their program			
	c) Entry requirements for the program comply with the relevant training regulations if applicable.			
	d) Rules on attendance			
	5. SUPPORT SERVICES			
	a) Health services are available to the students/trainees (if these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted)			

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	b) Career guidance services are available to the students/trainees			
	c) Community outreach program (documented evidences available) – optional			
	d) Research that supports the operation of the school is carried-out (e.g. surveys, consultations, meeting with local industry and community representatives; technical research) – optional			

IV. RECOMMENDATION

(Please mark)	Recommended Action
	Recommended to offer program applied for:
	Subject for re-inspection on (mm/dd/yy):
	Others (Please specify):

V. CONFIRMATION

Name of Applicant Institution's Representative and Designation	Signature	Date

Prepared by:

INSPECTION TEAM MEMBERS

Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____

LETTER OF ACKNOWLEDGMENT

Date

NAME OF SCHOOL HEAD

Designation

Name of School

Address of School

Dear ____:

This acknowledges receipt of your institution's application for Program Registration of the following qualification(s):

- a. (name of qualification)
- b. (name of qualification)

We will evaluate the documents you have submitted and will inform you of our findings 15 calendar days after our receipt of your documents.

Thank you for your interest in being a TESDA partner in technical education and skills development.

Very truly yours,

Provincial / District Director
Provincial/District Office

LETTER OF DENIAL

Date

NAME OF SCHOOL HEAD

Designation

Name of School

Address of School

Dear _____:

We regret to inform you that your application for program registration of (name of qualification) is being denied because of the following reasons:

() Your institution has failed to comply with the deficiencies noted in our review of the submitted documents.

() Your institution has failed to comply with the deficiencies noted during the inspection conducted last (date of inspection).

() Others: (Please specify valid reason/s for denial of application)

Please be informed, however, that you may re-apply should you think that you have complied with the identified deficiencies. Our office is willing to provide you technical assistance when needed.

Very truly yours,

Regional Director
TESDA Region ____

TESDA-SOP-TSDO-03-F16

PROGRAM REGISTRATION MONITORING REPORT

For the Month of:

Provincial Office:

Regional Office:

[illegible]

Prepared by:

Noted by:

PO/DO UTPRAS

Focal

Provincial/District

Director

Status of TVET Program Registration

For the Month of _____

[illegible]