

TESDA-SOP-CACO-06-F11

**COMPETENCY ASSESSORS' ACCREDITATION
CHECKLIST OF REQUIREMENTS**

Requirements

1. Letter of Intent of the Prospective Assessor
2. Accomplished Application Form (with picture)
3. Certificate of Employment indicating compliance to the requirements of two (2) years work or teaching experience
4. Photocopy of NTTC Level I
5. (For New Applicants) Certification attested by the AC Manager, or the accredited competency assessor, or the TESDA representative that the applicant has assisted in the assessment of at least two (2) candidates under the supervision of an Accredited Competency Assessor.
6. (for re – accreditation) Certificate of Attendance on Assessment Moderation for the relevant qualification
7. (for re – accreditation) Results of Performance Evaluation (TESDA-SOP-CACO-06-F19 and TESDA-SOP-CACO-07-F27)



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

Address _____
Tel. No. _____

Picture
(Passport size
white
background)

APPLICATION FORM
COMPETENCY ASSESSOR'S ACCREDITATION

Name:		Last		First		MI		
Mailing Address:								
Company/Employer				Address				
Date of Birth		Place of Birth:			Age:			
Height: (m)		Weight: (k)	Distinguishing Marks:					
Name of Spouse(if married)								
Sex	Civil Status		Contact Number(s)		Highest Educational Attainment		Employment Status	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Window/er <input type="checkbox"/> Separated		Tel: _____ Cellular: _____ e-mail: _____ Fax: _____ Others: _____		<input type="checkbox"/> TVET graduate <input type="checkbox"/> College level <input type="checkbox"/> College graduate Post graduate Others: _____		<input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Others, pls specify <input type="checkbox"/> Permanent <input type="checkbox"/> Self-employed	
Work Experience								
Name of Company/ Employer		Position		Inclusive Dates		Nature of Job		Length of Service
(For more information, please use separate sheet)								
Education and Training								
Title		Course		Inclusive Dates		Institution		
(For more information, please use separate sheet)								
Certification Record								
Title	Qualification Level	Industry Sector	Certificate Number	Date of Certification		Expiration Date		
(For more information, , please use separate sheet)								
Specimen Signatures:							Right thumb mark	
1. _____	2. _____							

TESDA-SOP-CACO-06-F13



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

CERTIFICATE OF ACCREDITATION

This is to certify that

(Name of Assessor)

is an Accredited Competency Assessor for

(Title of Qualification)

Accreditation No. _____

Date Accredited: _____

Expiration Date: _____

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

TESDA-SOP-CACO-06-F15

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

AFFIDAVIT OF UNDERTAKING
(Assessor)

Mr./Ms. _____, with address at _____ after having been sworn to in accordance with law do hereby depose and state that:

He/She shall comply with the following terms and conditions, violations of any of those mentioned below shall be ground for the suspension/cancellation of the accreditation:

1. Provide quality competency assessment for candidates in _____.
2. Ensure the proper use of assessment facilities of the assessment center to comply with all the assessment requirements;
3. Conduct of assessment shall be governed and guided by the rules and regulations based on the PTQCS Guidelines and Procedures Manual on Competency Assessment.
4. No candidate shall be allowed to take the competency assessment in the absence of admission slip or if no proper verification has been established that the candidate who is supposed to take the assessment is the same person as shown in the information sheet;
5. Safeguard/Ensure the authenticity, validity and confidentiality of all documents pertaining to the conduct of assessment;
6. Conduct of assessment shall be strictly within the premises of the assessment center or designated assessment venues;
7. Submit assessment results and reports immediately after the conduct of assessment;
8. Assume full responsibility for ensuring the objectivity and integrity of assessment activities; and
9. Cooperation shall be extended to TESDA representatives while conducting compliance audit.

IN WITNESS WHEREOF, I have hereto affixed my signature this ____ day of _____, 20____ in the City of _____, Metro Manila, Philippines.

Affiant

SUBSCRIBED AND SWORN to before me, this ____ day of, _____, 201____, in the _____, Philippines. Affiant exhibited to me his/her Community Tax Certificates No. _____, issued at _____, on _____.

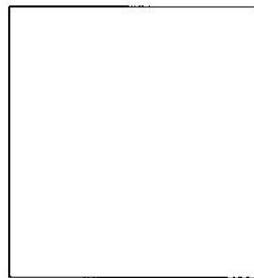
NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

TESDA-SOP-CACO-06-F17



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
PHILIPPINE TVET QUALIFICATION AND CERTIFICATION SYSTEM (PTQCS)



COMPETENCY ASSESSOR
(Qualification)

ACC. NO. _____

Valid from _____ to _____

Provincial Director, TESDA ____