7.0 Attachments

TESDA-SOP-TSDO-01-F01

Program Registration Requirement Checklist

Name of Institution				
Address				
Program(s) Applied		Tel/Fax No.		

Program Registration Requirements	Compliant		Remarks
	Yes	No	
For New Application			
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 *private institutions* (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			
For Institutions that will branch out			
h) 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			

Name of Institution				
Address				
Program(s) Applied		Tel/Fax No.		

Program Registration Requirements	Compliant Yes	Compliant No	Remarks
competencies to be developed) • 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)			
4. ACADEMIC RULES			
a) Schedule and breakdown of tuition and other fees (duly signed by the school head indicating the effectivity of school year)			

Name of Institution				
Address				
Program(s) Applied		Tel/Fax No.		
Program Registration Requirements		Comp-liant		Remarks
		Yes	No	
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:

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:

TESDA-SOP-TSDO-01-F03

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

TESDA-SOP-TSDO-01-F04

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

TESDA-SOP-TSDO-01-F05

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

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.

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:

Annex 5h

TESDA-SOP-TSDO-01-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:

TESDA-SOP-TSDO-01-F09

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

Program: _____
Name of Institution: _____

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

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

Date: Date: Date:

TESDA-SOP-TSDO-01-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: _____ Attested by: _____ Inspected by: _____

Institution Representative   Institution Head   PO / DO / TEP Expert

Date: Date: Date:

Annex 5k

TESDA-SOP-TSDO-01-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:_____ Attested by:_____ Inspected by:_____
　　Institution Representative　　　　Institution Head　　　　　PO / DO / TEP Expert
Date:　　　　　　　　　Date:　　　　　　　　　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	Appli-cant 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: • 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					
5.1. Checks completeness of documents against checklist					
5.2 Returns application if documents are not complete based on the registration requirements with notation of deficiencies					
5.3 Officially receives (stamps received) if documents are complete					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Appli-cant TVI	ROPO DO	
5.4 Issues Acknowledgment Letter together with the processed Program Registration Requirement Checklist					
5.5 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					
5.4.1 UTPRAS Focal person recommends to the PD/DD 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					
6.1 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					
6.2 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					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Appli-cant TVI	ROPO DO	
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 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					

Program Registration Activities	Date		Signature		Remarks
	Started	Completed	Appli-cant TVI	ROPO DO	
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 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   Provincial/District Director
Date: 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 (*private institution only*)			
	e) Articles of Incorporation			
	f) Current Certificate of Ownership of building/contract of lease (covering at least two years)			

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	g) Current Fire Safety Certificate			
	For Institutions that will branch out			
	h) 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) • Curriculum design • Modules of instruction			
	b) Equipments, tools and consumables necessary to deliver the program. (Please attach TESDA-SOP-01-F03, TESDA-SOP-01-F04, TESDA-SOP-01-F05)			
	c) Instructional materials (such as reference materials, slides, videotapes, internet access and library resources) necessary to deliver the program (Please attach TESDA-SOP-01-F06)			
	d) Physical Facilities & Off-Campus Physical Facilities indicating floor area (Please attach TESDA-SOP-01-F07, TESDA-SOP-01-F08)			
	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-01-F09)			
	b) List of faculty teaching on the program, with their qualifications, areas of expertise, and courses/seminars attended (supporting evidence			

No.	Program Registration Requirements Checked	Status of Compliance		Remarks (Use additional sheet/s if necessary)
		Compliant	Non-compliant	
	available, such as NTTC, copies of contracts of employment, etc) (Please attach TESDA-SOP-01-F10)			
	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-01-F11)			
	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			

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):

1. *(name of qualification)*
2. *(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-01-F16

PROGRAM REGISTRATION MONITORING REPORT

For the Month of:

Provincial Office:

Regional Office:

Name of Applicant Institution	Name of Program	Evaluates submitted documents (Within 15 days)		Institution corrects deficiencies (Within 10 calendar days)		Schedules site inspection (Within 5 calendar days)		Conduct site inspection and prepares report (1 day)		30-day Compliance Period for the TVIs		PO/DO recommends to RO (within 5 calendar days		Final review of the documents by the RO (Within 10 calendar days)		5-day Compliance Period for the TVIs in case there are deficiencies found by RO		5-day Compliance Period for the TVIs in case there are deficiencies found by RO		Issue CoPR / Letter of Denial (Within 10 calendar days)		Total Number of Days	Remarks
		Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished	Date Started	Date Finished		

Prepared by: Noted by:

PO/DO UTPRAS Focal   Provincial/District Director

TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
Status of TVET Program Registration
For the Month of

Providers Profile								Program Profile									For Closed Program (Effectivity date of Program closure)	For program converted from NTR to WTR or from old WTR to updated WTR			
Region	Province/ District Office	Congression al District	Name of Institution	Complete Address	Tel. No.	Type Institution	Classficatio n of Institution	Program/Qu alification Title With TR	Qualificatio n Code	PTQF Level	Program/Qual ification Title (NTR)	Duration (in Hrs.)	Program Registration No.	Date Issued	Conducted Compliance Audit? (Y/N)	Date of Complian ce Audit		Name of Re- registered program	CoPR No.	Duration	Date Issued
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)