TESDA POLICY AND PROCEDURES

The TVET Program Accreditation Procedures

1.0 Purpose, Scope and Terminology

1.1 Purpose

This program accreditation procedures manual provides a system of instruction to all TESDA staff and officials for easy understanding and execution of the step-by-step activities to be undertaken by the concerned offices in the accreditation of Centex's Distinctive Area of Competence (DAC) and TVET programs of interested public and private training institutions.

1.2 Scope

This manual shall pilot the accreditation system and will be applicable to the 41 Centex under the TESD and EDET Projects and to those public and private training institutions interested of the TVET program accreditation. Specifically, it shall cover their DAC with the objective of reaching the Bronze Level of Accreditation for this initial trial.

The manual covers the accreditation process starting with the submission of the required documentation by the Centex and other public and private training institutions to the granting of the accreditation award by TESDA.

1.3 Terminology

***Centers of Technical Excellence (Centex)* –** this refers to the 41 beneficiary-institutions of the two foreign-assisted projects (25 TESDP beneficiaries and 16 EDET Project beneficiaries). A centex is defined as an institution achieving the highest level of accreditation, which is the Platinum a goal pursued, by the 41 beneficiary-institutions.

Distinctive Area of Competence or DAC – core program offering of the Centex, which shall be the focus of assistance of the Foreign-Assisted Projects. DAC determination is based on an iterative process of determining the economic drivers in a certain area and assessing the capability of the Centex to respond to the training requirements of the labor market brought about by the economic drivers. The DAC shall be the flagship program of the institution, which will be its identified program strength.

Program Accreditation – the second stage of UTPRAS, which deals with the application of program quality assurance to the operational areas of the institution focusing on their DAC. Accreditation has four levels, each level corresponds to meeting certain criteria in the application of the Plan-Do-Check-Act Cycle of improvement to the institution's operational areas in a progressive manner increasing in scope and complexity as the institution progresses its level of accreditation.

2.0 Responsibility

2.1 Responsibility for Authority and maintenance of the procedure

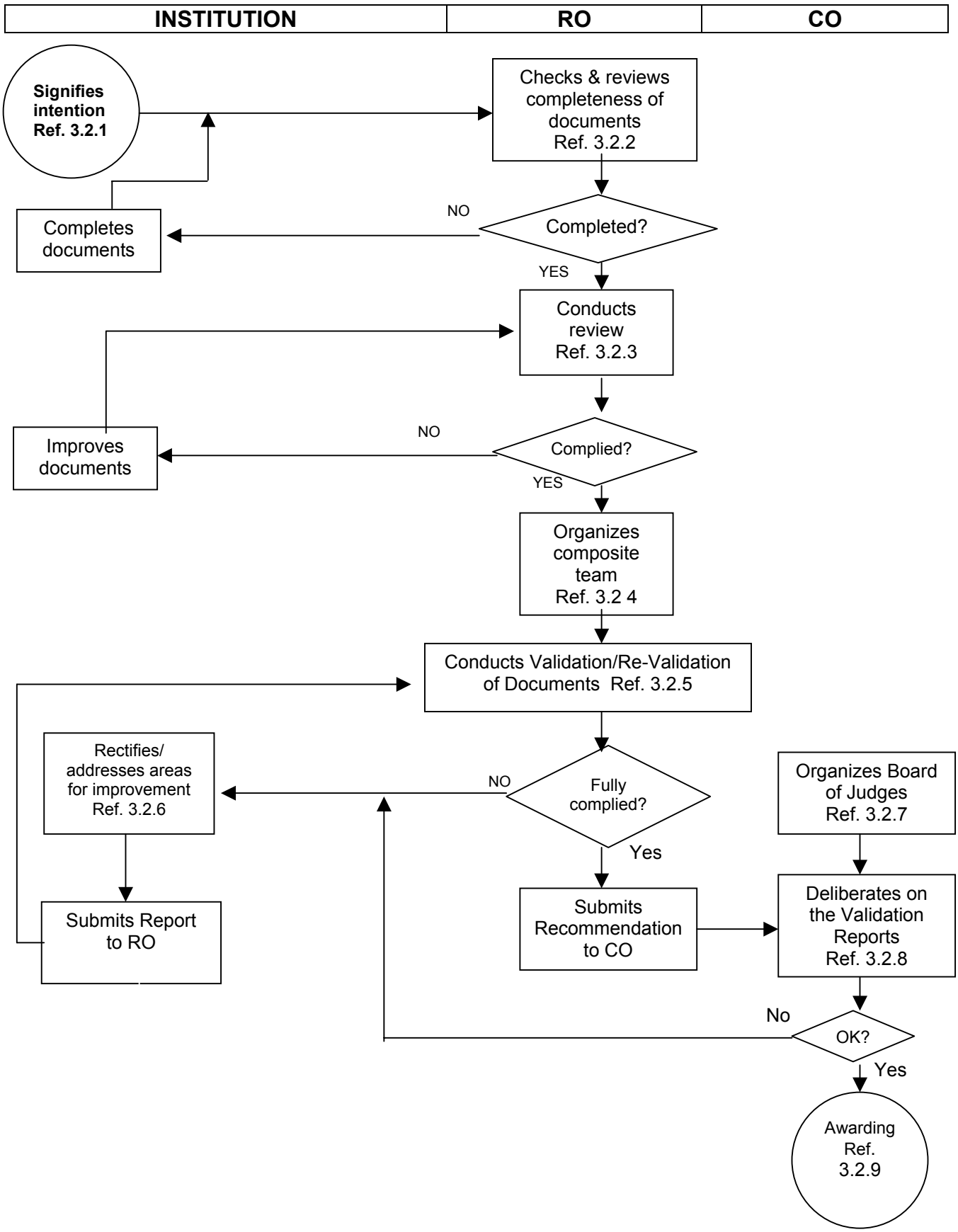
The Executive Director of the Office of Formal TVET is responsible in ensuring that this procedure is maintained and reviewed at the national and regional levels. The National Quality Management Review Committee, chaired by the Director-General shall approve recommendations, revisions and suggestions to the procedures emanating from the Regional Quality Management Review Committee and other customers of the accreditation system.

2.2 Responsibility for the Implementation of the Accreditation Procedures

The delivery of service to the customer is the responsibility of the Regional Director. The Regional Director is responsible for the endorsement of and recommendation for the award to be validated by the Board of Judges to be organized at the national level. The Director-General will approve and give the Award in fitting ceremonies for the purpose.

3.0 Procedure

3.1 Flowchart



3.2 Documentation

Stages	Forms	Time frame	Inputs to procedure
3.2.1 Signifies Intention a. TI prepares letter of intent (LOI) to be signed by school head with the following attached documents • Program registration compliance audit report in the DAC. Should have a closure report or evidence of re-audit that the corrective actions in the compliance audit have been addressed. • Quality manual for at least 5 QA components and 4 operational areas • Appointment of Quality Manager/QAWG b. Letter of intent and the above-mentioned documents shall be submitted to the Regional Director who has jurisdiction over the TI.			
3.2.2 Checks & Review Completeness of Documents • RO focal receives and stamps LOI & Documents • Checks & reviews documents against checklist • If incomplete informs TI of lacking documents to be completed. • If complete, endorses to ROD Chief for final review	Form 1	5 working days 1 week for TI to re-submit upon receipt 1 day	

Stages	Forms	Time frame	Inputs to procedure
3.2.3 Conducts Review • ROD evaluates and analyzes documents against accreditation criteria • If non-compliant, returns to TI for appropriate action • If fully compliant, endorses to Composite Team inclusive of documents submitted by TI. The ROD shall keep a duplicate copy of the documents.	Form 2	5 working days 1 day TI complies within 5 working days upon receipt 1 day	
3.2.4 Organizes Composite Team • Prepares TESDA Memo for the composite team to include representatives from CO/RO/PO - OFTVET representative, ROD Chief, RO UTPRAS focal, PO UTPRAS focal, expert in the DAC (RTESDC or PTESDC) and an Auditor from the National Level shall compose the team. The ROD chief shall be the team leader and expert as assistant team leader. If there is no available expert in the TESDC, TESDC should recommend expert to be part of the team. • Schedules validation and informs the TI of the date. • Coordinates with the members of the composite team. The host region shall produce the copies of the documents for accreditation to each member not coming from the CO. • OFTVET shall provide copies of the documentation to members that will come from the CO.		2 working days 2 days 3 days	

Stages	Forms	Time frame	Inputs to procedure
Note: Copies of the documents should be provided to the members not less than two days before the scheduled visit.			
3.2.5 Conducts Validation/Re-validation of Documents • ROD confirms schedule and availability of team members • Team members initially meet and discuss the Plan of Work (Who does what) in the region. • Team leader conducts opening meeting with concerned TI personnel • Team members validate their respective area(s) of assignment through ocular inspections and interviews. • Team leader conducts wash-up meeting among the team members • Conducts exit conference with school personnel agreeing on corrective actions, if any. The TI head and the team leader should sign the report. • If there are no corrective actions, recommends to CO for accreditation.		1 day 1 day 1 day 1 day	
3.2.6 Rectifies/addresses areas for improvement. • TI addresses the areas for improvement by instituting the necessary corrective action(s). • TI informs the Regional Director concerned that the corrective actions have been carried out and is now ready for re-validation visit.		7 working days after validation 1 day	

Stages	Forms	Time frame	Inputs to procedure
• ROD schedules re-validation to include ROD chief, UTPRAS RO & PO focal persons. This is to check if corrective actions have been addressed in initial validation.		NMT 5 working days	
3.2.7 Organizes Board of Judges • Discusses the composition of the Board of Judges on the basis of their duties and responsibilities as follows: 1. Ensures the validity of the documents/reports submitted by the RO based in Form 2; 2. Request additional information/documents to the RO regarding the applicant institutions as necessary; 3. Prepares and submits reports/ recommendations to the DG for approval of the Award; • Identifies possible members of the Board of Judges • Issues TESDA Order on the Board of Judges.			
3.2.8 Deliberates the Validation Reports • The Secretariat shall provide each member of the Board of Judges copy of the validation reports in advance.		NMT 3 working days from receipt of recommendation	
• The Board of Judges shall deliberate on the validation reports in a manner agreed to them.		1 day.	

Stages	Forms	Time frame	Inputs to Procedure
• Secretariat shall prepare minutes of the deliberation and whatever other documents recommended by the Board of Judges. • If the deliberation report is favorable, an endorsement for the grant of approval of accreditation is indorsed to the Director-General for approval		1 day after deliberation 1 day	
• If the deliberation report needs further clarification, this shall be coursed back to the RO concerned		NMT 2 working days after delibera-tion	
3.2.9 Awarding of Accreditation • OFTVET shall coordinate with the concerned office on the Awarding Ceremony (Awarding will be ride in the major activities of TESDA). • OFTVET shall prepare the necessary certificate/plaque and incentives for the awardee/s. • The Director-General awards the certificate/plaque and incentives in fitting ceremonies.			

3.3 Work Instructions

4.0 Forms

1. Form 1
2. Form 2

5.0 Related Information

FORM I - Checklist for Completeness of Accreditation Documents submitted

Instruction: This Form is prescribed to check completeness of documents submitted for accreditation. Put a tick box in the YES or NO column applicable to the completeness description of the document title. Any "No" response indicates that such document should be provided before the application will be processed for Accreditation.

Document Title/Name	Completeness description	YES	NO	REMARKS
Compliance Audit Report on Registration for the DAC	1. There is a compliance audit report following the form prescribed in the Registration Policy and Procedures Manual applied to the DAC. In case there are identified areas for improvement, a closure report of re-audit is provided signifying that the corrective actions have been undertaken.			
Quality Manual	2.The Quality Manual should contain at least the following: • A vision statement? • A mission statement? • A quality policy? • An organizational chart? **Is there procedures documentation in the following TESDA QA components?** • Documentation Procedures • Document Management • Customer Feedback • Monitoring • Internal Quality Audit Note: applicant-institution may not necessarily follow *en toto* the TESDA corporate procedures in these areas. Will depend on procedures applicable in the institution's situational context.			

Document Title/Name	Completeness description	YES	NO	REMARKS

	3. Is there procedures/ documentation in the following areas?
	
	• **Curriculum Development, Design and Review**
	
	• **Instructional Planning & Delivery**
	  • Classroom Management
	  • Schedule of Teaching
	  • Method of Institution/ Instruction Modular Method of Teaching
	  • Use of Training Equipment
	  • Assignment of Faculty
	
	• **Student Assessment, Certification and Reporting**
	  • Conduct of Major Examination/Test
	  • Preparation & Recording of Test Items/Test Paper
	  • Release of Certificate of Completion
	  • Re-issuance of lost/ damaged certificate/transcript of records.
	
	• **Teaching and Support Staff/Physical Resources and Facilities.**
	  • Hiring of New Faculty
	  • Promotion of Personnel Maintenance of Shop/ Classroom/Laboratory
	  • Use of library			

Document Title/Name	Completeness description	YES	NO	REMARKS
Quality Assurance Manager/Quality Assurance Working group	4. Is there an Office Memo/Order Designating a Quality Assurance Manager/Quality Working Group issued by the institution?			

Note: Institutions may either present a separate Quality Manual for Policy and for Procedures. Some may collapse these two all together. Both are allowed provided that all the mentioned components are contained therein.

FORM 2 – Checklist for Review of Accreditation Documents

Instruction: This Form is recommended to review compliance of documents submitted for accreditation. The first phase is a document completion review (Form 1) while this one will involve substantive evaluation of the documents by means of evidences in preparation for the validation. This is just a checklist that should generate a more comprehensive report.

Documentation Title/Name	Evidence	REMARKS
Compliance Audit Report on Registration for the DAC	There is an audit report indicating that corrective actions have been addressed by the institution, if any, otherwise a compliance audit report that signifies the institution is continuously complying with the registration requirements.	
Deployment of the 5 QA Components as applied to the 4 Operational areas	There are clear indications that documentation; document management, monitoring, customer feedback and internal quality audit have been applied to the 4 operational areas. There should be records to show these such as: • The documentations produced follow the institution's documented procedures • Each documentation produced follows the document management procedures • There are monitoring reports for the operational areas following the monitoring procedures. • There are records of customer feedback following the CF procedures • There is an IQA report of the operational areas.	