



Republic of the Philippines
Department of Education

DepEd MEMORANDUM
No. **164** s. 2017

18 OCT 2017

**ACCREDITATION AND EQUIVALENCY (A&E) TEST
REGISTRATION AND ADMINISTRATION**

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary Schools Heads
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for and administration of Accreditation and Equivalency (A&E) Test.

2. A&E Test applicants may register from October 2 to 25, 2017 at the schools division offices (SDOs) or district offices (DOs) identified by the schools division superintendents as registration centers. Pursuant to DepEd Order No. 44, s. 2017 entitled Guidelines on Updating the Status of Learners of the Alternative Learning System in the Learner Information System as of the End of Calendar Year 2016, the following may take the A&E Test:

- a. Learners in the Alternative Learning System (ALS) and Nonformal Education programs;
- b. Out-of-School children and youth who are prepared for assessment; and
- c. Adults who are seeking Certification of Learning.

3. Applicants shall be at least 12 years old for elementary level and at least 16 years old for junior high school.

4. Registration requirements are as follows:

- a. Original and photocopy of Certification of ALS Program (for ALS learners only);
- b. Original and photocopy of birth certificate from the Philippine Statistics Authority (formerly National Statistics Office);
- c. If copy of the birth certificate from the Philippine Statistics Authority is not available, any of these documents may be presented:
 - i. Baptismal certificate;
 - ii. Voter's ID (with photo and signature);
 - iii. Passport;
 - iv. Driver's license; or
 - v. Any legal document bearing the applicant's photo, name and signature.
- d. Two pieces 1x1 identical ID photo (white background with name tag).

5. The Schools Division Superintendents shall:
 - a. designate a registration officer both in the SDOs and DOs;
 - b. identify the testing centers both in the SDOs and DOs (refer to DepEd Order No. 55, s. 2016 for testing center requirements);
 - c. assign personnel with experience in the conduct of BEA testing programs as room examiners, room supervisors, and chief examiners per testing center; and
 - d. attest the ALS Program Completion of A&E test applicants (for ALS learners only).

6. Regional Testing Coordinators and Division Testing Coordinators (DTCs) shall monitor the registration process in the SDOs and DOs.

7. The final number and the list of qualified registrants per testing center shall be submitted by the DTCs, using the format provided in the enclosure to BEA through bea.ead@deped.gov.ph or courier by October 27, 2017.

8. The following enclosures shall guide and be utilized by registration officers and DTCs:
 - Enclosure No. 1 – Certificate of ALS Program Completion;
 - Enclosure No. 2 – Registration Form; and
 - Enclosure No. 3 – Template for Registration.

9. The assigned testing center for applicants shall be indicated in the registration form by the registration officer.

10. The A&E Test will be administered nationwide by cluster on the following dates:

| Cluster | Date | Target Test Takers |
|----------------------|-------------------|---|
| Luzon | November 19, 2017 | 2016 ALS completers and other qualified applicants based on Item No. 2 of this Memorandum |
| Visayas and Mindanao | November 26, 2017 | |

11. Only registered applicants shall be allowed to take the test during the scheduled dates.

12. In compliance with DepEd Memorandum No. 121, s. 2017 entitled Clarification on the Implementation of Portfolio Assessment in the Alternative Learning System, portfolio assessment will not be required for A&E Test this year and will not be a part of the final rating. The passing rate is still 75% as per DepEd Order No. 55, s. 2016 entitled Policy Guidelines on the National Assessment of Student Learning for the K to 12 Basic Education Program.

13. For more information, contact the **Bureau of Education Assessment-Education Assessment Division (BEA-EAD)**, Department of Education (DepEd) Central Office, 2nd Floor, Bonifacio Building, DepEd Complex, Meralco Avenue, Pasig City at telephone no. (02) 631-2589.

14. Immediate dissemination of this Memorandum is desired.


LEONOR MAGTOLIS BRIONES
Secretary

Encls.:

As stated

References:

DepEd Order Nos.: (55, s. 2016 and 44, s. 2017)

DepEd Memorandum (No. 121, s. 2017)

To be indicated in the Perpetual Index
under the following subjects:

ACCREDITATION
ALTERNATIVE LEARNING SYSTEM
EXAMINATIONS
LEARNERS
SCHOOLS
TESTS

DJP/CAR, DM A&E Test Registration and Administration
0904-September 22, 2017



Republic of the Philippines
Department of Education
Division of _____
Region _____

CERTIFICATE OF ALS PROGRAM COMPLETION

This is to certify that _____ of _____
(Name) *(Address)*

_____ has satisfactorily completed _____
(Specify ALS Program Level Completed)

at _____ in _____
(Learning Center) *(Address of Learning Center)*

on _____
(Date of ALS Program Completion)

This certification is issued as one of the requirements for the Accreditation and Equivalency (A&E) Test application.

Signature over Printed Name
Learning Facilitator

A&E Form 1

Copy for Registration Officer

1x1 ID Photo
with
Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items.

Registration Date

Surname _____ Given Name _____ M.I. _____

Birthdate
Month Day Year

Learner Reference Number
Home Address

Civil Status
 Single Married Separated

Gender
 Male Female

Region _____ Division _____

Learning Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for
 Elementary Level
 Junior High School

To be accomplished by the Registration Officer

Proof of Identity
Contact Number

Name and Address of Testing Center

I certify that I validated the information supplied by the applicant in this form based on the required attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments Proof of Identity Portfolio Rating Certification
 ALS Program Certification (if any) Proof of Birth (NSO, Passport, Any legal Documents)

A&E Form 1

Applicant's Copy

1x1 ID Photo
with
Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items.

Registration Date

Surname _____ Given Name _____ M.I. _____

Birthdate
Month Day Year

Learner Reference Number
Home Address

Civil Status
 Single Married Separated

Gender
 Male Female

Region _____ Division _____

Learning Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for
 Elementary Level
 Junior High School

To be accomplished by the Registration Officer

Proof of Identity
Contact Number

Name and Address of Testing Center

I certify that I validated the information supplied by the applicant in this form based on the required attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

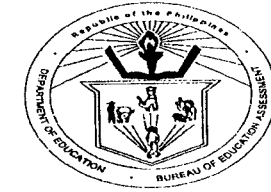
Required Attachments Proof of Identity Portfolio Rating Certification
 ALS Program Certification (if any) Proof of Birth (NSO, Passport, Any legal Documents)



Republic of the Philippines
Department of Education

Region _____
 Division of _____

Accreditation and Equivalency (A&E) Test
 List of Registrants



Testing Center: _____

Address: _____

Region & Division Code: _____

A&E Test Level: **ELEMENTARY**

Summary of Registrants M _____

Total: _____

F _____

| No. | Name | Age | Birthdate | Gender | Documents Submitted (Check the appropriate Column) | | | Program ALS/ Non-ALS |
|-----|------|-----|-----------|--------|---|----------------------|-------------------|----------------------------|
| | | | | | ALS Course Certificate | Proof of Identity | Proof of Birth | |
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| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |

Prepared by:

Evaluated by:

 Registration Officer (Signature Over Printed Name)

 Division Testing Coordinator (Signature over Printed Name)

Certified True and Correct:

 Schools Division Superintendent (Signature Over Printed Name)