



December 12, 2017

**DIVISION MEMORANDUM**

No. 866, s. 2017

**REGISTRATION PERIOD FOR THE 2017 COMPLETERS OF THE ALTERNATIVE  
LEARNING SYSTEM (ALS PROGRAM)**

**To: Assistant Superintendents  
Chiefs, CID and SGOD  
Division Supervisors/Coordinators  
District Supervisors/OICs  
Elementary and Secondary School Heads**

1. Attached is Regional Memorandum No. 0964, s. 2017, entitled, **“Registration Period for the 2017 Completers of the Alternative Learning System (ALS Program).”**
2. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for the 2017 Completers of the Alternative Learning System (ALS) Program.
3. Please refer to the attached DepEd issuance for details.
4. Immediate dissemination of and compliance with this Memorandum is directed.

  
**RHEA MARIA ANGTUD, Ed.D., CESO VI**  
Schools Division Superintendent

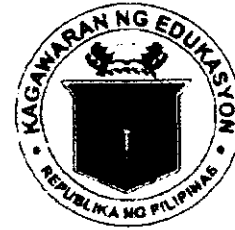
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REPUBLIKA NG PILIPINAS  
REPUBLIC OF THE PHILIPPINES  
KAGAWARAN NG EDUKASYON  
DEPARTMENT OF EDUCATION  
**REHIYON VII, GITNANG VISAYAS**  
REGION VII, CENTRAL VISAYAS  
Sudlon, Lahug, Cebu City



REGIONAL MEMORANDUM  
NO. 0964 s. 2017

DEC 11 2017

**REGISTRATION PERIOD FOR THE 2017 COMPLETERS OF THE ALTERNATIVE LEARNING SYSTEM (ALS) PROGRAM**

To: **Schools Division Superintendents**  
**All Others Concerned**

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for the 2017 Completers of the Alternative Learning System (ALS) Program.
2. For further details, see enclosures.
3. Immediate dissemination of and compliance with this Memorandum is directed.

  
JULIET A. JERUTA

Director III  
Officer-in-Charge  
Office of the Regional Director

JAJ/EBE/rm

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*" ESD 2015: Karapatan ng Lahat, Pananagutan ng Lahat "*



19 OCT 2017

LRN 336843



Republic of the Philippines

**Department of Education**

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*Undersecretary for Curriculum and Instruction*

**MEMORANDUM**

DM- CI- 2017- 00359

TO: Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Division Testing Coordinators  
ALS Focal Persons/Coordinators  
All Others Concerned

FROM: *Lorna D. Dino*  
**LORNA DIG-DINO, Ph.D.**  
Undersecretary for Curriculum and Instruction

SUBJECT: **Registration Period for the 2017 Completers of the Alternative Learning System (ALS) Program**

DATE: October 18, 2017

The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), announces the registration period for the 2017 Completers of the Alternative Learning System (ALS) Program.

<b>CONDUCT OF THE A&amp;E TEST REGISTRATION</b>	
1. Who will and when to register?	<p>Starting on December 1, 2017 to January 12, 2018, 2017 ALS Program Completers may register for the A&amp;E Test which will be administered on February 11, 2018 for Luzon and on February 18, 2018 for Visayas and Mindanao.</p> <p>2017 ALS Program Completers without LRN may register as long as they have Certificate of ALS Program Completion issued by their Learning Facilitator and verified by the Registration Committee.</p> <p>For those who wish to take A&amp;E Test for junior high school level without elementary certificate, they shall be advised to take certification for elementary level first.</p>

2. Where to register?	Schools Division Offices (SDOs) and District Offices (DOs) identified by the Schools Division Superintended (SDS) shall serve as registration centers.
3. What are the documents needed for registration?	<p>Registration requirements are as follows:</p> <ol style="list-style-type: none"> <li>1. Original and Photocopy of Certification of ALS Program Completion issued by the Learning Facilitator (<i>For ALS Learners only</i>)</li> <li>2. Original and Photocopy of Birth Certificate (NSO/PSA);</li> <li>3. If copy of Birth Certificate from the Philippine Statistics Authority (<i>formerly National Statistics Office</i>) is not available, any of the following documents can be presented: <ol style="list-style-type: none"> <li>i. Baptismal Certificate;</li> <li>ii. Voter's ID (with picture and signature);</li> <li>iii. Valid Passport;</li> <li>iv. Valid Driver's License; and</li> <li>v. Any legal document bearing the applicant's picture, name and signature (e.g. NBI Clearance, Barangay certificate, certification issued by barangay leaders/chieftain or learning facilitator)</li> </ol> </li> <li>4. Two 1x1 identical ID Photo (white background with name tag)</li> </ol>
4. Will there be a portfolio assessment?	In compliance with DepEd Memorandum 121, s. 2017, portfolio assessment will not be required for A&E Test on February 2018 and will not be a part of the final rating. Hence, the test is multiple-choice type only. The passing rate is still 75% as per D.O. 55, s. 2016.
5. How to register?	<p>The test applicant shall:</p> <ol style="list-style-type: none"> <li>1. go to the designated Registration Center and secure a registration form from the Registration Committee;</li> <li>2. personally accomplish the Registration Form;</li> <li>3. present the accomplished Registration Form, together with the complete requirements to the Registration Committee for evaluation and verification;</li> <li>4. receive the applicant's copy (lower portion of the registration form) for safekeeping and presentation to the room examiner on the testing day.</li> </ol>

	<p>Learning facilitators may gather applicants from far-flung areas in one assembly and assist them in the registration. They shall secure the accomplished forms and the required documents for submission to the Registration Committee in the SDO or DO. After the evaluation of documents, learning facilitators shall keep all the applicants' copy to be given to the examinees a day before or on the testing day. This is to avoid misplacement of applicant's copy which is needed to present on the testing day. Non-DepEd ALS Program Providers may also adapt this procedure to facilitate the registration of their learners.</p> <p><b><u>NO PAYMENT SHALL BE COLLECTED</u></b> by anyone involved in the A&amp;E Test Registration, Administration and issuance of certificate of rating.</p>
<p>6. What is the composition of the Registration Committee and its functions?</p>	<p>The SDS shall designate a Registration Committee, which consists of a Registration Officer, a co-registrar and a support staff. They should have experience in the conduct of BEA testing program.</p> <p>The committee will manage the registration process, including the evaluation and verification of the submitted documents. Specifically, the committee will:</p> <ol style="list-style-type: none"> <li>a. report to the Registration Center from December 1, 2017 to January 12, 2018 from 8:00 AM to 5:00 PM;</li> <li>b. interview the prospective applicants to determine if they are qualified to register;</li> <li>c. distribute the registration forms to qualified applicants;</li> <li>d. explain how the registration form will be accomplished (but will not accomplish it for the applicant);</li> <li>e. check if the registration forms are duly accomplished by the applicant, making sure that there are no blank spaces and errors in the form;</li> <li>f. certify that all information supplied in the registration form are based on the submitted documents;</li> <li>g. report to the Division Testing Coordinator (DTC) any applicants with incomplete requirements or questionable documents;</li> </ol>

	<p>h. fill out the name of the testing center in the registration form;</p> <p>i. detach the lower part of the registration form and return it to the registrant for use as an admission document on the testing day;</p> <p>j. group the registrants into Elementary and Junior High School Levels and prepare the master list of registrants per testing center (30 examinees/room); and</p> <p>k. sign and submit the master list to the DTC.</p> <p>Expenses for the reproduction of registration forms shall be charged against the contingency funds in the budget estimate to be prepared by the DTC based on the actual number of registrants. The budget estimate shall be submitted to BEA thru courier on or before January 17, 2018.</p> <p>The DTC shall use the Enclosure No 4 in preparing the list of testing centers and the total of examinees per level. The copy of this report, in MS Excel format, shall be submitted to BEA thru <a href="mailto:bca_ead@deped.gov.ph">bca_ead@deped.gov.ph</a> by the DTC on or before January 15, 2018.</p>
<p>7. Who else can help the applicants in the registration process and how?</p>	<p>ALS mobile Teachers and ALS Coordinators/Focal persons in the SDOs and DOs may help in the dissemination of information and distribution of registration form. They are also requested to facilitate the issuance of Certificate of ALS Program Completion for ALS Learners.</p>
<p>8. Who will monitor/supervise the registration?</p>	<p>The Regional Testing Coordinators (RTCs) and the DTCs will monitor the registration process in the SDOs and DOs.</p>
<p>9. What are the forms to be accomplished?</p>	<p>Enclosure No. 1 – Registration form; to be accomplished personally by the applicant.</p> <p>Enclosure No. 2 – Certification of ALS Program Completion; to be issued by the learning facilitator to his/her individual learner.</p> <p>Enclosure No. 3 – List of Registrants; to be accomplished by the Registration Committee.</p> <p>Enclosure No. 4 – List of Testing Centers; to be accomplished by the DTC.</p>

Immediate dissemination of this memorandum is desired.

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			Learner Reference Number			Civil Status			Gender	
Month	Day	Year				Single	Married	Separated	Male	Female
			Home Address							

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 Name and Address of Testing Center  
Contact Number

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  Proof of Birth (NSO, Passport, Any legal Documents)  
 ALS Program Certification (if any)

1x1 ID Photo  
with  
Name Tag

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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			Learner Reference Number			Civil Status			Gender	
Month	Day	Year				Single	Married	Separated	Male	Female
			Home Address							

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 Name and Address of Testing Center  
Contact Number

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  Proof of Birth (NSO, Passport, Any legal Documents)  
 ALS Program Certification (if any)



Republic of the Philippines  
**Department of Education**  
Division of \_\_\_\_\_  
Region \_\_\_\_\_

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### 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)*

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

\_\_\_\_\_  
Signature over Printed Name  
**ALS Facilitator/Mobile Teacher**





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: \_\_\_\_\_

Summary of Registrants M \_\_\_\_\_ F \_\_\_\_\_ Total: \_\_\_\_\_

No.	Name	Age	Birthdate	Sex	Documents Submitted			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

\*A&E Test Level: Elementary/Junior High School Page \_\_\_\_\_ of \_\_\_\_\_

Registration Officer (Signature Over Printed Name)

