

CHECKLIST OF REQUIREMENTS
COMPETENCY ASSESSMENT CENTER

| | |
|-----|---|
| 1. | Letter of Intent |
| 2. | Copy of SEC Registration or equivalent (CDA- registered, R.A., except Sole Proprietorship) |
| 3. | Financial Statement (Latest audited) <ul style="list-style-type: none">• For New Company: Paid up capital required by the SEC• For Existing: Latest Audited by a third party |
| 4. | Business Permit (Current and valid) |
| 5. | Fire Safety Certificate (Current and valid) |
| 6. | BIR Registration (Valid) |
| 7. | Company Profile |
| 8. | Organizational Structure |
| 9. | Staff Complement and Profile |
| 10. | Building lay-out/floor plan/shop lay-out |
| 11. | Self-Assessment Checklist (TESDA-OP-CO-03-F03) |
| 12. | List of complete facilities, tools, equipment, and materials appropriate to the qualification/ applied for (identified in the CATs) |
| 13. | Location map |
| 14. | Lease Contract/Proof of Ownership of the location/premises of the Assessment Center |
| 15. | Checklist of tools, equipment, supplies and materials, and facilities (TESDA-OP-CO-03-F04) |

ACCREDITATION OF ASSESSMENT CENTER
SELF-ASSESSMENT CHECKLIST

| | | | |
|-------------------------------------|--|---------------|--|
| Name of Assessment Center-Applicant | | | |
| Address | | | |
| Contact Number | | Email address | |
| Title of Qualification Applied for | | | |
| Date Accomplished | | | |

| A. PHYSICAL STRUCTURE | | | |
|---|---|----------|---------|
| Item | Quantity | | Remarks |
| | Required | Existing | |
| A.1 Location and Area | | | |
| A.1.1. Accessibility | Accessible to public transport | | |
| A.1.2. Assessment area | Minimum area provided to permits ample workplace for candidates | | |
| A.2. Lighting and Ventilation | | | |
| A.2.1. Assessment room or laboratories | Well lighted (30 – 40 Foot Candle) | | |
| A.2.2. Air conditioning unit | Optional | | |
| A.2.3. Blowers/fans | Quantity shall be according to the size of the room | | |
| A.3 Auxiliary Room | | | |
| A.3.1. Storeroom | Storeroom for tools, materials (shelves properly labeled) | | |
| | Bins/racks for critical materials | | |
| A.3.2. Room for performance assessment | Must be able to accommodate at least 10 candidates/ batch | | |
| A.3.3 Orientation Room / Holding Area | Must be able to accommodate at least 10 candidates/ batch | | |
| A.3.4. Chairs and tables | | | |
| A.3.5. Comfort rooms | Clean and functional | | |
| | Separate for male and female | | |
| | Located at convenient part of the building | | |
| A.4. Assessment Equipment, Hand tools, Supplies, Materials | | | |
| A.4.1. Equipment | In accordance with the list in the Competency Assessment Tools of the Qualification applied for | | |
| A.4.2. Hand tools | | | |
| A.4.3. Supplies, materials | | | |
| A.5. Safety Provisions | | | |
| A.5.1. Medicine cabinet | With first aid kit and other | | |

| | | | |
|---|--|--|--|
| | medical paraphernalia | | |
| A.5.2. Open floor spaces | Entrances and exits are marked and maintained | | |
| A.5.3. Work stations, tool panels and equipment | Are appropriately grouped to provide ease of movement | | |
| A.5.4. Fire extinguishers | Functional/valid/current | | |
| | Located in conspicuous and highly accessible locations/ places | | |
| A.5.5. Equipment lay out | Arranged according to sequence of operations to allow maximum use of resources | | |
| B. Administrative | | | |
| B.1.Documentary Requirements | 1. Letter of Intent | | |
| | 2. SEC Registration or equivalent (CDA-registered, RA, except Sole Proprietorship) | | |
| | 3. Financial Statement <ul style="list-style-type: none"> • For New Company: Paid up capital required by the SEC • For Existing: Latest Audited by a third party | | |
| | 4. Business Permit (Current and Valid) | | |
| | 5. BIR Registration (Valid) | | |
| | 6. Company Profile | | |
| | 7. Organizational structure | | |
| | 8. Staff complement and profile | | |
| | 9. Building lay out/ Floor plan | | |
| | 10. Self-assessment checklist | | |
| | 11. List of equipment/ tools and materials | | |
| | 12. Location map | | |
| | 13. Lease Contract/ Proof of Ownership of the location/premises of the Assessment Center | | |
| | 14. Fire Safety Certificate (Current and Valid) | | |
| B.2. Communication Facilities | 1. Telephone/mobile phone | | |
| | 2. Fax machine/ internet connection | | |
| | 3. Computer with peripherals | | |
| | 4. CCTV system (Functional) <ul style="list-style-type: none"> • Assessment Area (per qualification) | | |
| B.3. Staff Complement | | | |
| B.3.1. Manager | | | |
| B.3.2. Cashier | | | |
| B.3.3. Computer Operator/ Data Encoder | | | |
| B.3.4. Liaison Officer | | | |
| B.3.5. Processing Officer | | | |

| | | |
|------------------|--------------------------------------|--------------------|
| Submitted by: | <hr/> | <hr/> |
| | Name of Authorized AC Representative | Signature |
| | <hr/> | <hr/> |
| | Position/Designation | Date of submission |

CERTIFICATE OF CONCURENCE

I,/We _____(Name)_____, _____(Designation/Position)
of _____(Name of Applicant Assessment
Center)_____

Located at _____(Address of
Establishment)_____ hereby certify that I /We have fully understood
and will abide by the requirements and procedures under the Accreditation of
Competency Assessment Center outlined as follows:

- a. Accreditation Procedures
- b. Requirements for Accreditation
- c. List of tools, equipment and facilities for the qualification
applied for
- d. Accreditation Fee

As representative/s of the Applicant Assessment Center, I/we will inform the
owner(s)/ Head/President of our Institution/Establishment on the orientation
conducted by TESDA relative to the Accreditation of Competency Assessment
Center requirements and procedures.

Done this ___day of _____ in the year _____.

Signature

Position

Noted by:

Provincial Director

Date

Checklist of tools, equipment, supplies and materials, and facilities

| Name of Assessment Center | | | | | | | |
|----------------------------------|----------------------|--------------------------|-------------------------|-------------------|---------------------------|---|---|
| Qualification | | | | | | | |
| Item | Specification | Quantity Required | Quantity on Site | Difference | Inspectors Remarks | Quantity onsite during Compliance Audit Year 1 | Quantity onsite during Compliance Audit Year 2 |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (7) |
| TOOLS | | | | | | | |
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| EQUIPMENT | | | | | | | |
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| SUPPLIES AND MATERIALS | | | | | | | |
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| | | | | | | | |
| FACILITIES | | | | | | | |
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NOTE: Columns 1-4 to be filled out by the Assessment Center; Columns 5-6 to be filled out by the Inspectors; Column 7 to be filled out by the Compliance Auditors (additional sheets may be used)

| | | |
|---------------|-------------------------|-------|
| Submitted by: | _____ | _____ |
| | AC Manager | Date |
| Inspected by: | _____ | _____ |
| | Leader, Inspection Team | Date |
| | _____ | _____ |
| | Member, Inspection Team | Date |
| | _____ | _____ |
| | Member, Inspection Team | Date |

(For Compliance Audit use only)

YEAR 1

| | | |
|-------------|--------------|-------|
| Audited by: | _____ | _____ |
| | Lead Auditor | Date |
| | _____ | _____ |
| | Auditor | Date |
| | _____ | _____ |
| | Auditor | Date |

YEAR 2

| | | |
|-------------|--------------|-------|
| Audited by: | _____ | _____ |
| | Lead Auditor | Date |
| | _____ | _____ |
| | Auditor | Date |
| | _____ | _____ |
| | Auditor | Date |

ACCREDITATION OF ASSESSMENT CENTER TRACKING SHEET

| | |
|----------------------------------|--|
| Name of Assessment Center | |
| Address | |
| Qualification | |

| Date of Receipt, Evaluation of Document and Issuance of Letter of Notification | | Organization of Inspection Team | | Date of Conduct of Ocular Inspection | Date of Submission of Report of Inspection | Approval and Issuance of Accreditation | | Date of Receipt of Certificate of Accreditation & Return of Notarized AOU | Total Number of Days (10 working days upon receipt of application) |
|--|---------------|---------------------------------|---------------|--------------------------------------|--|--|---------------|---|---|
| 3 days | | 2 days | | 1 day | 1 day | 2 days | | 1 day | |
| Date Started | Date Finished | Date Started | Date Finished | | | Date Started | Date Finished | Date received | |
| | | | | | | | | | |
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Note: Accreditation of AC shall be within 10 working days from the receipt of application under normal condition

**LETTER OF NOTIFICATION
(Pre-Inspection)**

Date

Dear Mr. /Ms. _____:

In connection with your application as assessment center for _____ (indicate the qualification), we would like to inform you that:

- all your documents are in order
- schedule of ocular inspection/re-inspection is on _____
- the following documents are lacking:

List document (s) to be submitted/completed

Please visit our office on (indicate date and time) for the completion of the lacking requirements for accreditation. Failure to submit the required documents within 15 working days from the receipt of this letter shall mean automatic forfeiture of the initial 50% accreditation fee.

Thank you very much.

Very truly yours,

Provincial Director

**ACCREDITATION OF ASSESSMENT CENTER
INSPECTION REPORT**

| | | | |
|--|--|----------------------|--|
| Name of Assessment Center-Applicant | | | |
| Address | | | |
| Contact Person/Designation | | Contact No. | |
| | | Email address | |
| Title of Qualification Applied for | | | |
| Date of Inspection | | | |

| A. PHYSICAL STRUCTURE | | | |
|---|---|----------|---------|
| Item | Quantity | | Remarks |
| | Required | Existing | |
| A.1 Location and Area | | | |
| A.1.1. Accessibility | Accessible to public transport | | |
| A.1.2. Assessment area | Minimum area provided to permits ample workplace for candidates | | |
| A.2. Lighting and Ventilation | | | |
| A.2.1. Assessment room or laboratories | Well lighted (30 – 40 Foot Candle) | | |
| A.2.2. Air conditioning unit | Optional | | |
| A.2.3. Blowers/fans | Quantity shall be according to the size of the room | | |
| A.3 Auxiliary Room | | | |
| A.3.1. Storeroom | Storeroom for tools, materials (shelves properly labeled) | | |
| | Bins/racks for critical materials | | |
| A.3.2. Room for performance assessment | Must be able to accommodate at least 10 candidates/ batch | | |
| A.3.3 Orientation Room / Holding Area | Must be able to accommodate at least 10 candidates/ batch | | |
| A.3.4. Chairs and tables | | | |
| A.3.5. Comfort rooms | Clean and functional | | |
| | Separate for male and female | | |
| | Located at convenient part of the building | | |
| A.4. Assessment Equipment, Hand tools, Supplies, Materials | | | |
| A.4.1. Equipment | In accordance with the list in the Competency Assessment Tools of the Qualification applied for | | |
| A.4.2. Hand tools | | | |
| A.4.3. Supplies, materials | | | |
| A.5. Safety Provisions | | | |
| A.5.1. Medicine cabinet | With first aid kit and other medical paraphernalia | | |

| | | | |
|---|--|--|--|
| | | | |
| A.5.2. Open floor spaces | Entrances and exits are marked and maintained | | |
| A.5.3. Work stations, tool panels and equipment | Are appropriately grouped to provide ease of movement | | |
| A.5.4. Fire extinguishers | Functional/valid/current | | |
| | Located in conspicuous and highly accessible locations/ places | | |
| A.5.5. Equipment lay out | Arranged according to sequence of operations to allow maximum use of resources | | |
| B. Administrative | | | |
| B.1.Documentary Requirements | 1. Letter of Intent | | |
| | 2. SEC Registration or equivalent (CDA-registered, RA, except Sole Proprietorship) | | |
| | 3. Financial Statement <ul style="list-style-type: none"> • For New Company: Paid up capital required by the SEC • For Existing: Latest Audited by a third party | | |
| | 4. Business Permit (Current and Valid) | | |
| | 5. BIR Registration (Valid) | | |
| | 6. Company Profile | | |
| | 7. Organizational structure | | |
| | 8. Staff complement and profile | | |
| | 9. Building lay out/ Floor plan | | |
| | 10. Self-assessment checklist | | |
| | 11. List of equipment/ tools and materials | | |
| | 12. Location map | | |
| | 13. Lease Contract/ Proof of Ownership of the location/premises of the Assessment Center | | |
| | 14. Fire Safety Certificate (Current and Valid) | | |
| B.2. Communication Facilities | 15. Telephone/mobile phone | | |
| | 16. Fax machine/ internet connection | | |
| | 17. Computer with peripherals | | |
| | 18. CCTV system (Functional) <ul style="list-style-type: none"> • Assessment Area (per qualification) | | |
| B.3. Staff Complement | | | |
| B.3.1. Manager | | | |
| B.3.2. Cashier | | | |
| B.3.3. Computer Operator/ Data Encoder | | | |
| B.3.4. Liaison Officer | | | |
| B.3.5. Processing Officer | | | |

Recommendation:

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INSPECTION TEAM

| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
| Name | | Signature | | Date | |

Concurred by

| Name | | Signature | | Date | |
|------|------------|-----------|--|------|--|
| Name | _____ | Signature | | Date | |
| | AC Manager | | | | |

ACCREDITATION OF ASSESSMENT CENTER
EVALUATION GUIDE

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|--|
| A. PHYSICAL STRUCTURE |
| A.1 Location and Area A.1.1 The Assessment Center is accessible to public transportation and visibly identifiable from the side of the road. A.1.2 Assessment area permits ample workplace for candidates (minimum area). |
| A.2 Lighting A.2.1 30-40 foot candle* for assessment room or laboratories A.2.2 5 foot candle* (minimum) for passageways, corridors, stairways, storerooms A.2.3 10 foot candle* (minimum) for toilets and washrooms * 1 foot candle = 10.75 lux Ventilation A.2.4 Mechanical ventilation shall be provided (air conditioning units/blowers/fans) when an adequate supply of fresh air cannot be provided by natural ventilation |
| A.3 Auxiliary Room The auxiliary room is marked with "Accepted" if the following conditions/requirements are met: A.3.1 Storeroom is provided for the safekeeping of the tools; shelves are properly labeled and good housekeeping is observed/5S; A.3.2 Separate storage bins and racks are provided for critical materials, e.g., LPG and other flammable materials; A.3.3 Assessment room for skills must be able to accommodate at least 10 candidates/batch; A.3.4 Orientation Room / Holding Area must be able to accommodate at least 10 candidates/batch; A.3.5 Chairs and tables; and A.3.6 Clean and functional comfort rooms should be available and located at a convenient part of the building (separate for male and female). |
| A.4 Assessment Equipment, Hand tools, Supplies, Materials A.4.1 Equipment, hand tools, supplies, materials shall be in accordance with the list indicated in the Competency Assessment Tools of the Qualification applied for. |

A.5 Safety Provisions

“Accepted” shall be indicated in the appropriate column if the following are met:

A.5.1 Medicine cabinet with first aid kit and other medical paraphernalia;

Medicines

- Topical antiseptic, 60 cc
- 70% Isopropyl alcohol, 240 cc
- Aromatic spirit of ammonia, 30 cc
- Toothache drops, 15 cc
- Hydrogen peroxide solution, 120 cc
- Burn ointment, tube
- Analgesic/anti-pyretic, 10 tablets
- Antacid, 10 tablets
- Anti-diarrhea, 10 tablets

Supplies:

- Thermometer , 1 pc
- Sterile gauze pads, 5 pcs
- Gauze bandages, 1 roll
- Adhesive tape, 1 roll
- Absorbent cotton
- Bandage scissors, 1 pc.
- Hot water bag, 1 pc
- Ice bag, 1 pc

Source: DOLE-Occupational Safety and Health Standards (as amended)

A.5.2 Open floor spaces, entrances and exits are marked and maintained;

A.5.3 Work stations, tool panels and equipment are appropriately grouped to provide ease of movement;

A.5.4 Functional fire extinguishers are located in conspicuous and highly accessible places;

A.5.5 Equipment are laid out according to sequence of operations to allow maximum use of resources

A.5.6 For welding or cutting areas:

- Local exhaust and general ventilation system shall be provided to prevent inhalation of any fumes, gases or dusts by the persons performing the activity/in the facility

Source: DOLE-Occupational Safety and Health Standards (as amended)

B. Administrative

B.1 Documentary Requirements

- B.1.1 Letter of Intent (Dated)
- B.1.2 SEC Registration or equivalent(CDA-registered, R.A., **except Sole Proprietorship**)
- B.1.3 Financial Statement
 - For New Company: Paid up capital required by the SEC
 - For Existing: Latest Audited by a third party
- B.1.4 Business Permit (Current and Valid)
- B.1.5 BIR Registration (Valid)
- B.1.6 Building lay out/Floor plan
- B.1.7 Fire Safety Certificate (Current and Valid)
- B.1.8 Company Profile (there should be **NO** involvement with any “Conflict of Interest” activity related to Assessment and Certification, e.g., Placement/Recruitment Agency, Review Center, among others)
- B.1.9 Organizational Structure
- B.1.10 Staff complement and Profile
- B.1.11 Self-assessment Checklist
- B.1.12 List of complete facilities, equipment, tools and materials (identified in the CATs)
- B.1.13 Location map
- B.1.14 Lease Contract/ Proof of Ownership of the location/premises of the AC

Note: Evaluation of Financial Statement shall be based on:

Quick Ratio Test

- refers to a measure of how well a company can meet its short-term financial liabilities. It is calculated using the Quick Ratio Formula: (Cash + Marketable Securities + Account Receivable) divided by Current Liabilities. Result which is greater than 1 (>1) will mean that the company can meet its short term liabilities.

Example:

ABC Balance Sheet

| Asset | Amount | Liabilities | Amount |
|-----------------------------|----------------|----------------------------------|----------------|
| Cash | P100,000 | Accounts Payable | P 50,000 |
| Marketable Securities | 50,000 | Accrued Interests | 40,000 |
| Accounts Receivable | 30,000 | Notes Payable | 10,000 |
| Inventory | 80,000 | Long Term Debt | 20,000 |
| Total Current Assets | 260,000 | Total Current Liabilities | 120,000 |

$$(Php\ 100,000+50,000+30,000) / 120,000 = 1.5$$

B.2 Communication Facilities

- B.2.1 Telephone/ mobile phone
- B.2.2 Fax machine/ internet connection

- B.2.3 Computer with peripherals
- B.2.4 CCTV system (Functional)
 - Assessment Area (per qualification)

B.3 Staff Complement

- B.3.1 Manager *
- B.3.2 Cashier *
- B.3.3 Computer Operator/Data Encoder
- B.3.4 Liaison Officer
- B.3.5 Processing Officer *

Note: With Notarized Employment Contract / Office Order, where applicable

* Minimum Requirements

**LETTER OF NOTIFICATION
(Post-Inspection)**

Date

Dear Mr. /Ms. _____ :

As a result of the ocular inspection, in connection with your application as assessment center for _____ (indicate the qualification) , we would like to inform you that:

The following are lacking based on the result of the ocular inspection:

Use additional sheet when necessary _____

Please comply the lacking requirements for accreditation. Failure to comply within 15 working days upon receipt of this letter shall mean automatic forfeiture of the initial 50% accreditation fee.

For processing of accreditation

Enclosed is the Affidavit of Undertaking for the signature of the Assessment Center Manger (AOU). Please return the notarized AOU together with the remaining 50% of the accreditation fee on (date) for the training on Assessment Center Operations.

Thank you very much.

Very truly yours,

Provincial Director

Certificate of Training

This is to certify that Mr./Ms. _____ has attended the training on Assessment Center Operations conducted on (_____ Date _____) at the (_____ venue _____).

Provincial Director