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) ● 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 ● 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) ● 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:	_____ Name of Authorized AC Representative	_____ Signature	
	_____ Position/Designation	_____ Date of submission	

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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 **(1)**	**Specification** **(2)**	**Quantity Required** **(3)**	**Quantity on Site** **(4)**	**Difference** **(5)**	**Inspectors Remarks** **(6)**	**Quantity onsite during Compliance Audit Year 1** **(7)**	**Quantity onsite during Compliance Audit Year 2** **(7)**
TOOLS							
EQUIPMENT							
SUPPLIES AND MATERIALS							
FACILITIES							

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 _____ Member, Inspection Team _____ Member, Inspection Team	_____ Date _____ Date _____ Date

(For Compliance Audit use only)

YEAR 1

Audited by:	_____ Lead Auditor _____ Auditor _____ Auditor	_____ Date _____ Date _____ Date

YEAR 2

Audited by:	_____ Lead Auditor _____ Auditor _____ Auditor	_____ Date _____ Date _____ Date

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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	

Note: Accreditation of AC shall be within 10 working days from the receipt of application under normal condition

TESDA-OP-CO-03-F06
Rev. No.00-03/08/17

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

TESDA-OP-CO-03-F07
Rev. No.00-03/08/17

ACCREDITATION OF ASSESSMENTCENTER
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 ● 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) ● 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:

INSPECTION TEAM					
Name		Signature		Date	
Name		Signature		Date	
Name		Signature		Date	

Concurred by					
Name	_____ AC Manager	Signature		Date	

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ACCREDITATION OF ASSESSMENT CENTER
EVALUATION GUIDE

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

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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

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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