Verification Checklist for Internship/OJT Program MOA

College/Unit: _____
Program: _____
Dean/Coordinator: _____
Date Submitted: _____

Host Training Establishment (HTE) Information

Name of HTE: _____

Type of HTE: ☐ LGU ☐ Private Entity ☐ Others: _____

Required Documents (as applicable)

Requirement	Submitted (✔)	Remarks
For LGU: SB/Panlungsod Resolution authorizing MOA	☐	
For Private Entity: Secretary's Certificate	☐	
For Private Entity: Business Permit (valid/current)	☐	
Other supporting document(s) (specify): _____	☐	

Certification

☐ I hereby certify that the above requirements have been checked and submitted for processing of the MOA.

Prepared by:

Signature: _____
Name/Position: _____
Date: _____