

COMPETENCY ASSESSORS' ACCREDITATION
CHECKLIST OF REQUIREMENTS

Requirements

- a. Letter of Intent;
- b. Accomplished Application Form (with picture, passport size);
- c. Picture, one (1) piece, 2" x 2", white background;
- d. Certificate of Employment indicating compliance to the requirements of number of years of work/industry experience or teaching experience as specified in the promulgated Training Regulations;
- e. National Certificate Level 2 or higher;
- f. Trainers Methodology Certificate (TMC) or Certificate of Competency on Conduct Competency Assessment (TMI-COC2);
- g. Certification on Loading (TESDA-OP-CO-04-F24) attested by the AC Manager, **Lead Assessor**, and the TESDA Representative that the applicant has assisted in the assessment to **at least ten (10) candidates** under the supervision of the Lead Assessor;
- h. For re-accreditation, Certificate of Attendance on Assessment Calibration for the relevant Qualification; and
- i. For re-accreditation, Results of Annual Performance Evaluation (TESDA-OP-CO-05-F37) and Report on Assessment Proceedings (TESDA-OP-CO-05-F34).

CERTIFICATE OF CONCURRENCE

I _____ (Name) _____, _____ (Designation/Position) _____ of
_____ (Name of Employer/Company) _____
Located at _____ (Address of Establishment) _____ hereby
certify that I have fully understood and will abide by the requirements and
procedures under the Accreditation of Competency Assessor outlined as follows:

- a. Accreditation Procedures
- b. Requirements for Accreditation
- c. Accreditation Fee

Done this ____ day of _____ in the year _____.

Signature

Position

Noted by:

Provincial Director

Date



TESDA-OP-CO-04-F16
Rev.No.00-03/08/17

TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

Address _____
Tel. No. _____

Picture
(Passport size
white
background)

**APPLICATION FORM
COMPETENCY ASSESSOR'S ACCREDITATION**

SECTOR		TITLE OF QUALIFICATION													
Last Name															
First Name														MI	
Complete Address															
Date of Birth(mm/dd/yyyy)						Place of Birth				Email add					
										Height: (m)		Weight: (k)			
Employer / Company															
Address															
Position/ Designation							No. of years in the position			No. of years in industry					
Sex	Civil Status	Contact Number(s)					Highest Educational Attainment			Employment Status					
<input type="checkbox"/> Male	<input type="checkbox"/> Single	Tel: _____					<input type="checkbox"/> TVET graduate			<input type="checkbox"/> Casual <input type="checkbox"/> Permanent					
<input type="checkbox"/> Female	<input type="checkbox"/> Married	Mobile phone: _____					<input type="checkbox"/> College level			<input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed					
	<input type="checkbox"/> Window/er	e-mail : _____					<input type="checkbox"/> College graduate			<input type="checkbox"/> Others, pls. specify _____					
	<input type="checkbox"/> Separated	Fax:: _____					<input type="checkbox"/> Post graduate								
		Others: _____					<input type="checkbox"/> Others: _____								
Work Experience															
Name of Company/Employer				Position			Inclusive Dates			Nature of Job			Length of Service		
(For more information, please use separate sheet)															
Education and Training															
Title				Course				Inclusive Dates			Institution				
(For more information, please use separate sheet)															
Certification Record															
Title				Qualification Level		Industry Sector		Certificate Number			Date of Certification		Expiration Date		
(For more information, please use separate sheet)															
Endorsed by: (for industry practitioner)		Name of Association					Date of endorsement								
		NAME & SIGNATURE / POSITION/ DESIGNATION													
Specimen Signatures:													Right Thumb mark		
1. _____													2. _____		

Performance Evaluation Instrument

Assessor's Name					
Qualification					
Name of Respondent		Date Accomplished			
[Pls. Tick (✓) where applicable]					
<input type="checkbox"/> AC Manager <input type="checkbox"/> Candidate					
INSTRUCTIONS: Put a tick (✓) mark in the appropriate column					
SCALE GUIDE	5– Very Satisfactory 4 – Satisfactory	3 – Good 2 – Fair	1 – Poor		
ITEM	RATING				
	5	4	3	2	1
1. Physical appearance and composure (Pangkalahatang anyong pisikal at kung paano magdala sa sarili)					
2. Ability to pace instruction (Kakayahang magpaliwanag ng malumanay at mahusay kung ano ang mga dapat gawin)					
3. Ability to establish good rapport with candidates (Kakayahang magpadaloy ng komunikasyon sa pagitan niya at ng mga kukuha ng pagsusulit)					
4. Ability to ensure that the candidate understands the instruction (Kakayahang siguraduhing ang lahat ng instruksyon ay naiintindihan ng mga kukuha ng pagsusulit)					
5. Ability to answer queries, comments, etc. (Kakayahang magbigay ng karapat dapat na sagot o tugon sa mga tanong, puna o mga paglilinaw)					
1. Ability to establish the assessment context and purpose of assessment (Kakayahang magpaliwanag tungkol sa layunin ng pagsusulit)					
2. Ability to plan and prepare the evidence gathering process (Kakayahang paghandaan at iayos ang mga pangangailangan sa pagsusulit)					
3. Ability to provide allowable/reasonable adjustments in the assessment procedure (Kakayahang magbigay ng makabuluhang konsiderasyon sa may mga pangangailangan sa pagsusulit)					
4. Ability to conduct assessment in accordance with the methodologies (Kakayahang ipatupad ang pagsusulit ayon sa mga itinakdang panuntunan)					
5. Ability to collect appropriate evidence during the conduct of assessment (Kakayahang mangalap at sumuri ng mga tamang ebidensya habang nagbibigay ng pagsusulit)					
6. Ability to provide clear and constructive feedback on the assessment decision (Kakayahang magbigay ng malinaw at tamang kaukulang opinyon sa resulta ng pagsusulit)					

7. Ability to provide fair, reliable and valid assessment decision (Kakayahang magbigay ng pantay, ugma at tamang desisyon sa resulta ng pagsusulit)					
Sub - score					
FINAL RATING					
Signature of Respondent					

FOR TESDA USE ONLY	
EVALUATOR'S REMARKS:	
RECOMMENDATION:	
For re-accreditation	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> For further review

*Frequency

For AC Manager – once a month

For Candidate - at least 2 candidates per assessment schedule

LETTER OF NOTIFICATION
(Assessor)

Date

Dear Mr. /Ms. _____:

In connection with your application as competency assessor for (indicate title of qualification), we would like to inform you that:

- ☐ all your documents are in order
- ☐ 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 other requirements for accreditation. Failure to submit required documents within 48 hours shall imply disinterest.

Thank you very much.

Very truly yours,

Provincial Director

ACCREDITATION OF COMPETENCY ASSESSOR TRACKING SHEET

[illegible]

REPORT ON ASSESSMENT PROCEEDINGS

Name of Competency Assessment Center			
Accreditation Number			
Title of Qualification			
Date of Assessment		No. of Candidates	
Name of Competency Assessor(s)			
Findings and Observations:			
Items	Yes	No	Areas for Improvement
1. Competency Assessor has a signed Letter of Appointment			
2. Attendance of the candidates is checked and Admission Slips are verified and collected			
3. Supplies and materials are available during the conduct of assessment			
4. Tools and equipment are available and in good working conditions			
5. Assessment starts on time			
6. Conduct of assessment is in accordance with the methods identified in the CATs			
7. Projects produced by the candidates are in accordance with the requirements in the CATs.			
8. Candidates are provided with clear and constructive feedback on the assessment decision (one-on-one)			
9. Assessor has the ability to manage the competency assessment proceedings			
10. Complaints of candidates are properly addressed and handled by the Assessor & the AC, when applicable			
11. Assessment Packages issued to the Assessor are completely returned upon completion of assessment			
12. Assessment-related documents are accurately accomplished and submitted promptly after assessment <ul style="list-style-type: none"> Rating Sheets CARS Attendance Sheet RWAC Applications Forms with SAGs Assessor's Guide & Specific Instruction to Candidate 			
Narrative: <i>(Recommended areas for improvement of items which are not covered or listed above)</i>			
Prepared by:		Date:	
<hr style="width: 80%; margin: 0 auto;"/> Signature over Printed Name (TESDA Rep)		<hr style="width: 80%; margin: 0 auto;"/>	

CERTIFICATION

This is to certify that _____ has assisted in the assessment to at least _____ candidates in _____ under the supervision of the Accredited Competency Assessor on _____ at _____.

This Certification is being issued in compliance to the requirements for accreditation as competency assessor in accordance with the provisions of the Quality Procedures Manual on Accreditation of Competency Assessor.

Given this _____ day of _____ 20____ at _____.

Competency Assessor

Assessment Center Manager

TESDA Representative

NATIONAL LEAD ASSESSORS' ACCREDITATION
CHECKLIST OF REQUIREMENTS

Requirements

- a. Resume / Curriculum Vitae;
- b. *Certification* issued by QSO that the Expert Panel Member served as expert in the development of Competency Standards / Competency Assessment Tools;
- c. Letter of endorsement from Industry Association or Partner Government Agency; and
- d. Certificate of Employment indicating compliance to the requirements of number of years of industry experience as prescribed in the promulgated Training Regulations.