



Republic of the Philippines
Department of Education
REGION VIII
SCHOOLS DIVISION OF NORTHERN SAMAR

October 9, 2025

DIVISION MEMORANDUM

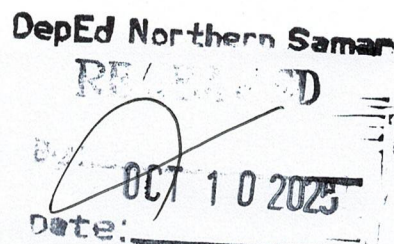
No. 374 s. 2025

**ADDENDUM TO DIVISION MEMORANDUM NO. 367, s. 2025
(2025 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION)**

To: CID Chief
EPS for ALS
EPS-II for ALS
PSDS/Principal-In-Charge
ALS Teachers
All Others Concerned

1. This is an addition to the Division Memorandum No. 367, s. 2025 on the administration of the 2025 Accreditation and Equivalency (A&E) Test to include Area 2 in which schedule is hereto attached.
2. The herein attached registration form is the updated version to be used in this current SY. 2025-2026.
3. All other provisions in said Division Memorandum are still in effect.

GAUDENCIO C. ALJIBE, JR., PhD, CESO VI
Schools Division Superintendent



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Division Official Website: northernsamardivision@deped.gov.ph

SCHEDULE FOR 2025 ACCREDITATION AND EQUIVALENCY (A&E) TEST REGISTRATION

AREA 2 REGISTRATION COMMITTEE:

REYNEL IGNACIO
ALEX B. REJUSO-TRO
JOSIE P. ESCALA - SUPPORT STAFF
JIMMY G. PONCE - SUPPORT STAFF

Day	District	Veaue
October 13	Biri Lavezares I & II	Urdaneta CLC
October 14		
October 15	Rosario and San Jose	Rosario CES CLC
October 16	Bobon	Salvacion ES
October 17	Bobon NSPJ	Bobon- NSPJ
October 20	Silvino Lubos	Balay ni Mano Emil-CLC
October 21	San Roque	San Roque CES - CLC
October 22	Catubig I, II, and III	Catubig CLC
October 23		
October 24	Las Navas II & III	Bukid ES
October 25	Pambujan I	Balay ni Mano Emil-CLC
October 27	Pambujan II	Cababto-an ALS CLC
October 28	Laoang BJMP	Laoang BJMP
October 29	Laoang I, II & III	Laoang II CLC
October 30	Palapag I, II and III	Pangpang ES
November 3	Mapanas	Mapanas CES-CLC

Enclosure 1:

A&E Form 1		Test Registration Officer's Copy	
Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600		Level ☐ Elementary ☐ Junior High School	
ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form			
Directions: Please complete this form in UPPERCASE LETTERS. Indicate your answer by marking (X) on the applicable items.			
Last Name		First Name	
Birthdate Month Day Year		Registration Date	
Learner Reference Number		Civil Status Single Married Separated	
Home Address		Sex Male Female	
Region		Division	
Learning Center		A&E Test Applying for ☐ Elementary Level (EL) ☐ Junior High School (JHS) Level	
ALS Program Enrolled/ Completed (Pls. Specify)		To be accomplished by the Test Registration Officer	
Last Grade Level Completed		Name and Address of Testing Center	
Contact Number		Registration Officer's Signature Over Printed Name	
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.	
Required Attachments ☐ Proof of Identity ☐ Proof of Birth (NSO, Passport, Any legal Documents)		☐ Certification of Additional Intervention (if any) ☐ ALS Form (AF) S COR PPA Result (if any)	

A&E Form 1		Applicant's Copy	
Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT 2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600		Level ☐ Elementary ☐ Junior High School	
ACCREDITATION AND EQUIVALENCY (A&E) TEST Registration Form			
Directions: Please complete this form in UPPERCASE LETTERS. Indicate your answer by marking (X) on the applicable items.			
Last Name		First Name	
Birthdate Month Day Year		Registration Date	
Learner Reference Number		Civil Status Single Married Separated	
Home Address		Sex Male Female	
Region		Division	
Learning Center		A&E Test Applying for ☐ Elementary Level (EL) ☐ Junior High School (JHS) Level	
ALS Program Enrolled/ Completed (Pls. Specify)		To be accomplished by the Test Registration Officer	
Last Grade Level Completed		Name and Address of Testing Center	
Contact Number		Registration Officer's Signature Over Printed Name	
I certify that I validated the information supplied by the applicant in this form based on the required attachments.		I certify that all information in this form are TRUE and CORRECT.	
Required Attachments ☐ Proof of Identity ☐ Proof of Birth (NSO, Passport, Any legal Documents)		☐ Certification of Additional Intervention (if any) ☐ ALS Form (AF) S COR PPA Result (if any)	

Enclosure 3:



Republic of the Philippines
Department of Education
Region _____
Division of _____



**2025 Accreditation and Equivalency (A&E) Test
List of Registrants**

Testing Center: _____ Address: _____
Region: _____ Division: _____ A&E Test Level: _____

Sex	Number of Registrants	Learners with Disabilities (LWDs)
Male		
Female		
Total		

No.	Name (Last Name, First Name, Middle Initial)	Age	Birthdate (MM/DD/YYYY)	Sex (M/F)	Documents Submitted (Check the appropriate Column)			
					Birth Certificate	Proof of Birthdate	Certificate of Additional Intervention	AFS/COR/ PPA Result
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Prepared by:

Approved by:

Signature over Printed Name
Division ALS Focal Person

Signature over Printed Name
Division Testing Coordinator (DTC)

Signature over Printed Name
Schools Division Superintendent (SDS)