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

DepEd Northern Samar
RECEIVED
Date: OCT 10 2025

Mabini St., Brgy. Acacia, Catarman, 6400, Northern Samar
Telephone No.: (055) 500 1020
Email: nsamardivision@deped.gov.ph
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 October 14	Biri Lavezares I & II	Urdaneta CLC
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 October 23	Catubig I, II, and III	Catubig CLC
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

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Enclosure 1:

A&E Form 1 — *Test Registration Officer's Copy*

1x1 ID Photo with Name Tag

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.

Registration Date

Last Name | First Name | M.I.

Birthdate (Month / Day / Year) | Learner Reference Number | Civil Status (Single / Married / Separated) | Sex (Male / Female)

Home Address

Region | Division | Learning Center

ALS Program Enrolled/ Completed (Pls. Specify)

A&E Test Applying for: ☐ Elementary Level (EL) ☐ Junior High School (JHS) Level

To be accomplished by the Test Registration Officer

Last Grade Level Completed

Contact Number

Name and Address of Testing Center

I certify that I validated the information supplied by the applicant in this form based on the required attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments:
☐ Proof of Identity
☐ Proof of Birth (NSO, Passport, Any legal Documents)
☐ Certification of Additional Intervention (if any)
☐ ALS Form (AF) 5 | COR | PPA Result (if any)

A&E Form 1 — *Applicant's Copy*

1x1 ID Photo with Name Tag

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Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

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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:

Signature over Printed Name
Division ALS Focal Person

Signature over Printed Name
Division Testing Coordinator (DTC)

Approved by:

Signature over Printed Name
Schools Division Superintendent (SDS)