



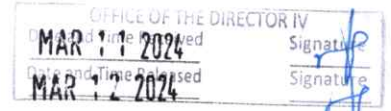
Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY
HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT



MEMORANDUM
DM-OUHROD-2024-0410



TO : **Regional Directors
Schools Division Superintendents
All Others Concerned**

FROM : **WILFREDO E. CABRAL**
*Regional Director
Officer-in-Charge, Office of the Undersecretary for Human Resource
and Organizational Development*

SUBJECT : **APPLICATION OF SCHOOLS DIVISION OFFICES AS
PROFESSIONAL REGULATION COMMISSION - ACCREDITED
CONTINUING PROFESSIONAL DEVELOPMENT PROVIDERS**

DATE : 07 March 2024

1. The National Educators Academy of the Philippines (NEAP), pursuant to its mandate to streamline professional development programs and make training activities programmatic and accountable, recognizes the importance of collaboration and synergy with the Professional Regulation Commission (PRC) in promoting the continuing professional development (CPD) of public school teachers.
2. This is evidenced by the accreditation of the NEAP Central Office and DepEd Regional Offices (ROs) as CPD providers by the PRC. As of 04 March 2024, all DepEd ROs, through the Human Resource Development Division (HRDD)/ NEAP in the Regions (NEAP-R), are now PRC-accredited CPD providers (See **Enclosure A** for list of PRC-Accredited DepEd ROs).
3. As part of NEAP's ongoing program and organizational transformation particularly in ensuring the quality of its professional development programs, all training programs offered by DepEd across governance levels shall undergo quality assurance based on the standards set under DepEd Memorandum No. 044, s. 2023 titled *Interim Guidelines for Quality Assurance and Monitoring and Evaluation of the NEAP Core Programs*.
4. In order to streamline NEAP's quality assurance mechanism and PRC's accreditation process for CPD programs, **all Schools Division Offices (SDOs) are**



Room 102, Rizal Building, DepEd Complex, Meralco Ave., Pasig City 1600
Telephone Nos.: (+632) 86337206, (+632) 86318494, (+632) 86366549
Email Address: usec.hrod@deped.gov.ph | Website: www.deped.gov.ph

Doc. Ref. Code	DM-OUHROD	Rev	00
Effectivity	03.23.23	Page	1 of 2



ISO 9001

hereby directed to process their application for accreditation as CPD providers.

5. Attached is the PRC Manual for CPD Provider Accreditation (**Enclosure B**) which contains the details for application as a CPD provider. Included in the Manual is the checklist of the General Requirements for accreditation for Government Institutions/Agencies such as the following:
 - a. Application for Accreditation as Local CPD Provider (CPDD-01-A);
 - b. Three-Year Annual Plan of Proposed CPD Programs (Professional Development Plan may also be submitted);
 - c. Copy of the Charter of the Republic Act or Law establishing the Agency;
 - d. Instructional Design for the First Program (CPDD-PTR-02); and
 - e. Office Order or its equivalent from the Head of Agency appointing the Officer to manage the CPD Programs and Activities.
6. Relevant forms and other documents may be accessed through this link <http://tinyurl.com/CPDAS-Forms-and-Templates>.
7. Please be informed that **only quality-assured professional development programs developed by SDOs, quality-assured school-based in-service training (INSET) programs, and learning action cells developed at the school level**, shall be processed for PRC accreditation at the division level.
8. The HRDD/NEAP-R shall provide technical assistance to the SDOs in accomplishing the requirements for accreditation.
9. For clarifications and concerns, please coordinate with **Ms. Danica Jane Godoy** of the NEAP Quality Assurance Division through email neap.cpdas@deped.gov.ph or landline (02) 8633-7207/8635-4796.
10. Immediate dissemination of and compliance with this Memorandum are instructed.

Enclosures:

Enclosure A – List of PRC-Accredited DepEd Regional Offices

Enclosure B – PRC Manual for CPD Provider Accreditation

Enclosure A

PRC-Accredited CPD Providers – DepEd Regional Offices

REGIONAL OFFICES	ACCREDITATION NO.
DepEd Region I	PTR-2021-324
DepEd Region II	PTR-2022-387
DepEd Region III	PTR-2022-378
DepEd Region IV-A	PTR-2021-351
DepEd Region IV-B	PTR-2023-446
DepEd Region V	PTR-2023-407
DepEd Region VI	PTR-2023-419
DepEd Region VII	PTR-2022-389
DepEd Region VIII	PTR-2022-386
DepEd Region IX	PTR-2023-408
DepEd Region X	PTR-2023-430
DepEd Region XI	PTR-2023-423
DepEd Region XII	PTR-2022-364
DepEd CARAGA	PTR-2020-374
DepEd CAR	PTR-2022-390
DepEd NCR	PTR-2024-463

Nothing follows

PUBLIC SITE (Provider) – Apply as Accredited Provider



PROFESSIONAL REGULATION COMMISSION
Continuing Professional Development Accreditation System

PROFESSIONAL

APPLY AS CPD PROVIDER

LOG IN AS PROVIDER

Provider Type
LOCAL
Select the provider type.

Classification
Select the appropriate classification of the provider.

Profession
Select an Option
Select the profession you're applying for.

Provider Name
Type the complete provider name as stated in the business permit. Do not abbreviate.

Select Appointment Place
SELECT REGIONAL OFFICE
Select appointment place for passing of additional requirements.

1. Select appropriate information being asked: Provider Type, 3. SELECT APPOINTMENT PLACE (Regional Office) where to process the application.
Classification, Profession (where to be accredited)
2. Type the PROVIDER NAME (according to documents at hand).

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General Information Resume Company Profile Training Facilities Others Payment Confirmation

Complete Address

Region

Zip Code

Telephone No.

Mobile Number

Fax No.

Email Address

Website

Next Last

Previous

Type here the address including Unit, Number, Street and Subdivision/Banangay (Example Unit 101 #88 Teresa St. Sta. Mesa)

Select the local region.

Type the zip code or postal code of the your address.

Type the mobile number here (Example (43)-888-123-1234)

Type the area code and landline number here (Example (02)-310-0026)

Type your website here. Facebook account is accepted if you do not have an existing website.

1. Fill in all fields completely.
2. Provide valid E-mail Address (where can be contacted).
3. Click NEXT for further information needs to be accomplished

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Contact Person

Fullname

Type the full name of the person to contact in case of verifications.

Department / Division / Office

Type here the department of the contact person in the organization.

Contact Information

Type the landline number or mobile number here of the contact person.

Position

Type here the position of the contact person in the organization.

Contact Email Address

Type a valid e-mail address. We will be sending important notices to your e-mail account.

Fill in all fields completely.

Note: Contact Person shall be the designated CPD officer and the authorized signatory of future applications and transactions pertaining to CPD.

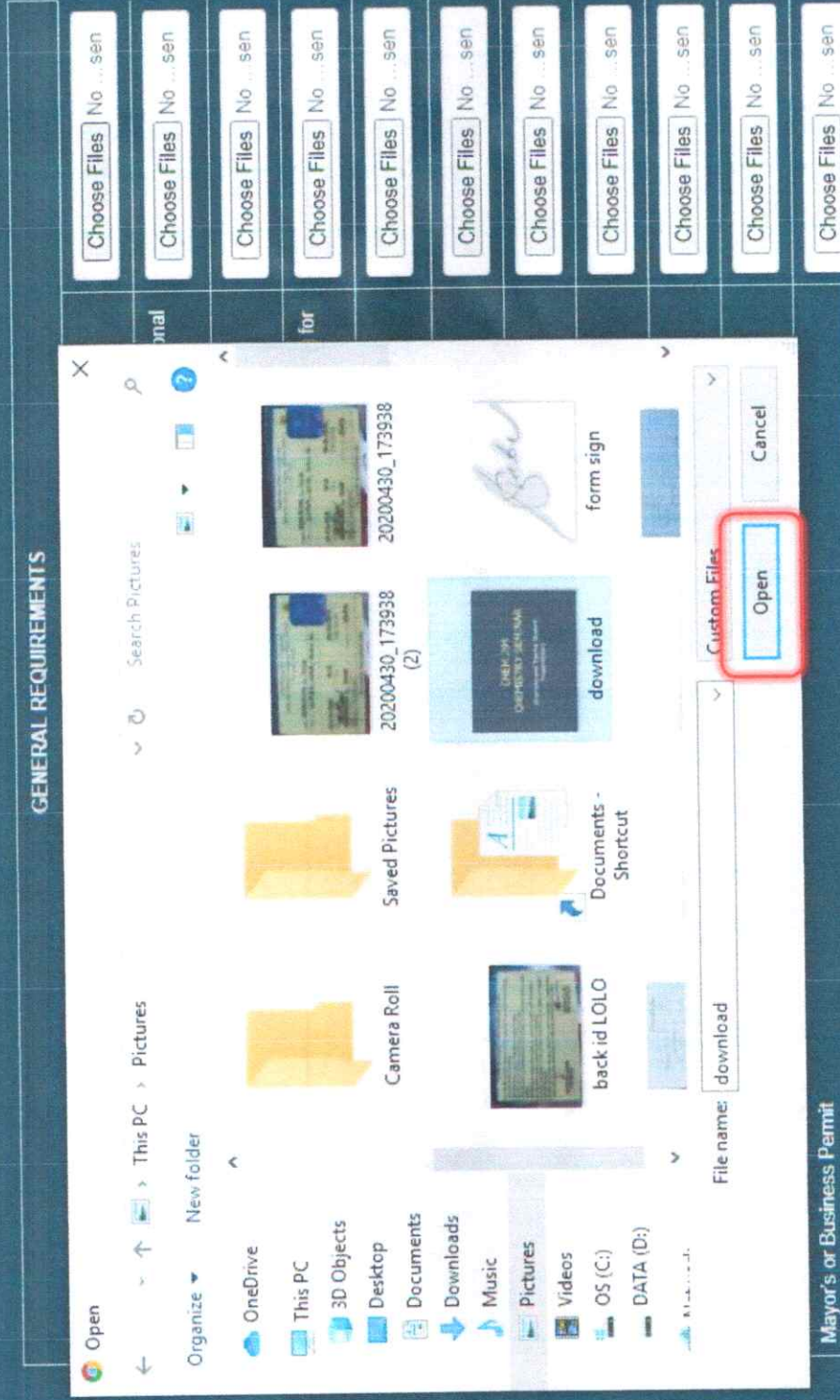
PUBLIC SITE (Provider) – Apply as Accredited Provider

GENERAL REQUIREMENTS	
Three-Year Annual Plan of proposed CPD Programs	<input type="button" value="Choose Files"/> No ... sen
Resume must include relevant Educational background, current employment, profession, principal area of professional work & No. of years in the practice of the regulated profession	<input type="button" value="Choose Files"/> No ... sen
DTI Certificate of Registration (authenticated copy)	<input type="button" value="Choose Files"/> No ... sen
Valid Professional Identification Card of the proprietor which shall be of the same profession that he/she is applying for	<input type="button" value="Choose Files"/> No ... sen
Profile which include Mission, Vision, Core Values and if any, a list with details of previous training programs and activities conducted	<input type="button" value="Choose Files"/> No ... sen
List with details and photographs with captions of training equipment and facilities	<input type="button" value="Choose Files"/> No ... sen
Instructional Design for the first program	<input type="button" value="Choose Files"/> No ... sen
NBI Clearance (original copy)	<input type="button" value="Choose Files"/> No ... sen
BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No ... sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No ... sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No ... sen

Click CHOOSE FILES to upload each required file to proceed with the application

Note: Accepting JPEG, JPG or PNG format only

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1. Click the chosen file.
Note: Hold *Ctrl* button to select multiple photos.
2. Click OPEN to choose.
3. Do this to all fields.
4. Click NEXT.

PUBLIC SITE (Provider) – Apply as Accredited Provider

BIR Certificate of Registration and Tax Clearance (authenticated copy)	<input type="button" value="Choose Files"/> No . sen
Affidavit of Undertaking (Annex "B-3")	<input type="button" value="Choose Files"/> No . sen
Mayor's or Business Permit	<input type="button" value="Choose Files"/> No . sen

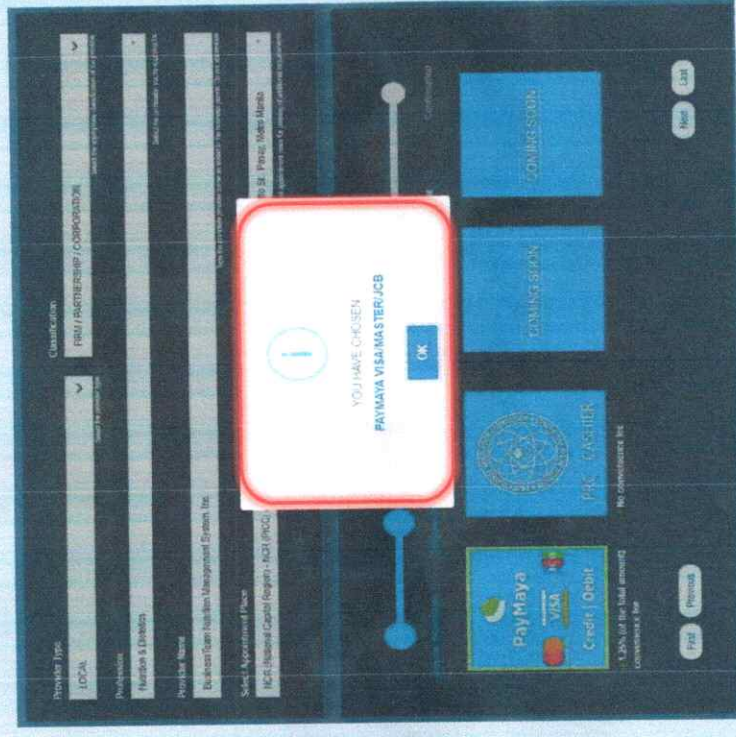
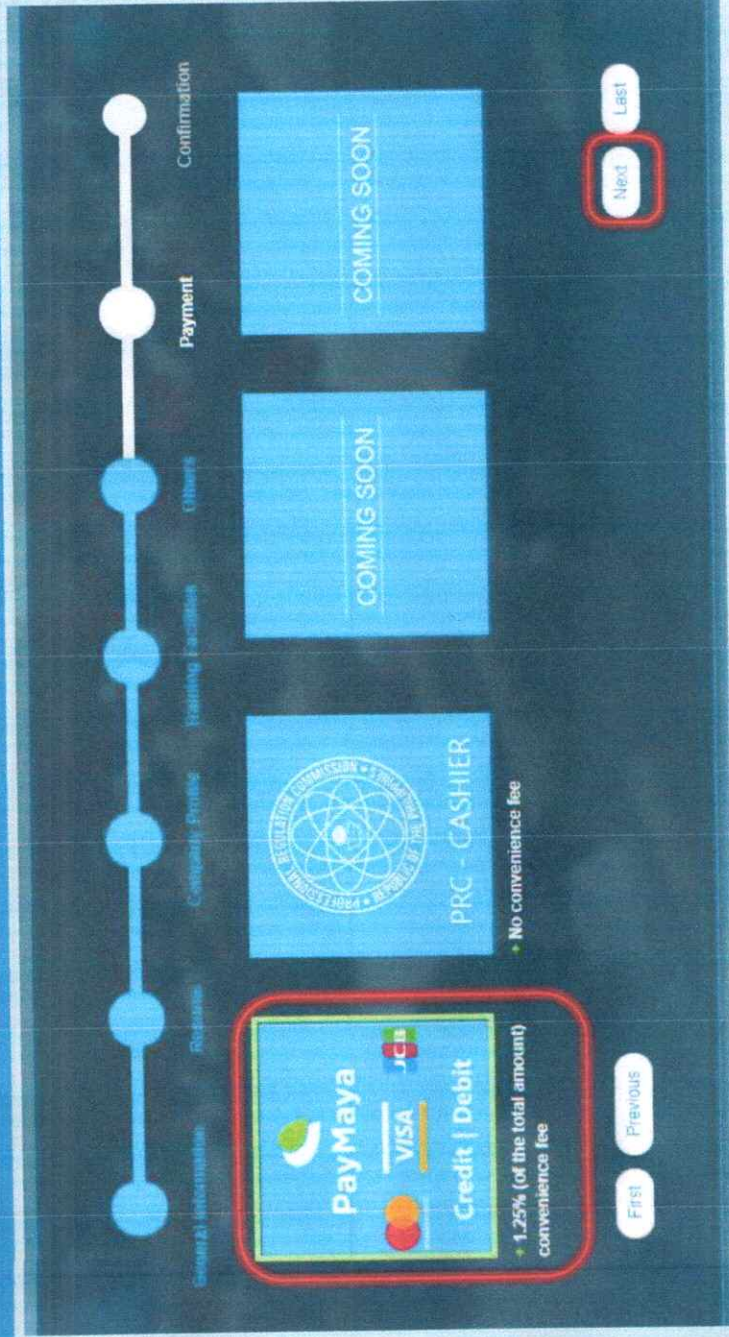
SPECIFIC REQUIREMENTS

Note: If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the **hardcopy** in any nearest PRC office.

Before proceeding to the next step, please take note:

If the applicant have Joint Venture Agreement (JVA) or Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA), kindly submit the hardcopy in any nearest PRC office.

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1. Select on the payment options for the convenience of the applicant. 3. Click NEXT once verified.

2. After selecting the payment mode, a dialogue box will prompt to confirm the same.

Note: For PayMaya and other allied payment options, there will be 1.25% convenience fee of the total amount of application.

PUBLIC SITE (Provider) – Apply as Accredited Provider

CONTACT PERSON

Fullname: Marjie Yucot

Position/Designation: Secretary

Department/Office: Chemistry Department

Email: marjeyucot@gmail.com

Contact No: 09206376571

(Your information cannot be edited after you submit your application, please thoroughly review any misspellings or capitalizations on your information).

SUBMIT APPLICATION

First

Previous

Next

Last



Click SUBMIT APPLICATION once done.


Note: application will not proceed if there is any lacking field

PUBLIC SITE (Provider) – Apply as Accredited Provider

CONTACT PERSON
Fullname: Marjie Yucot
Position/Designation: Secretary
Department/Office: Chemistry
Email: marjeyucot@gmail.com
Contact No.: 09206376571

(Your information cannot be edited and withdrawn. Capitalizations on your information will be corrected by misspellings or

First Previous Proceed Cancel Next Last



Notice to Providers

Once the application is submitted the data/information on the application form cannot be edited and withdrawn.
Thank you.

Read the Notice and Click PROCEED to finalize.

PUBLIC SITE (Provider) – Apply as Accredited Provider

UNDERTAKING

x

UNDERTAKING

In connection with my application as CPD Provider, I hereby undertake to comply with the requirements set forth in the CPD guidelines, that I will conduct at least one (1) accredited CPD program within a year from the issuance of the accreditation and every year thereafter, that I will ensure the activities conducted meet the criteria set forth by the CPD Council, I will conduct the program in accordance with its approval, and I will submit genuine and correct documents in support to my application and other reports required by the CPD Council.

By clicking Submit Application, you agree to our Terms and that you have read our Data Privacy Policy, and confirm that the information you provide are true and correct to the best of your knowledge. You will also receive email notifications regarding your application.

SUBMIT APPLICATION

First

Previous

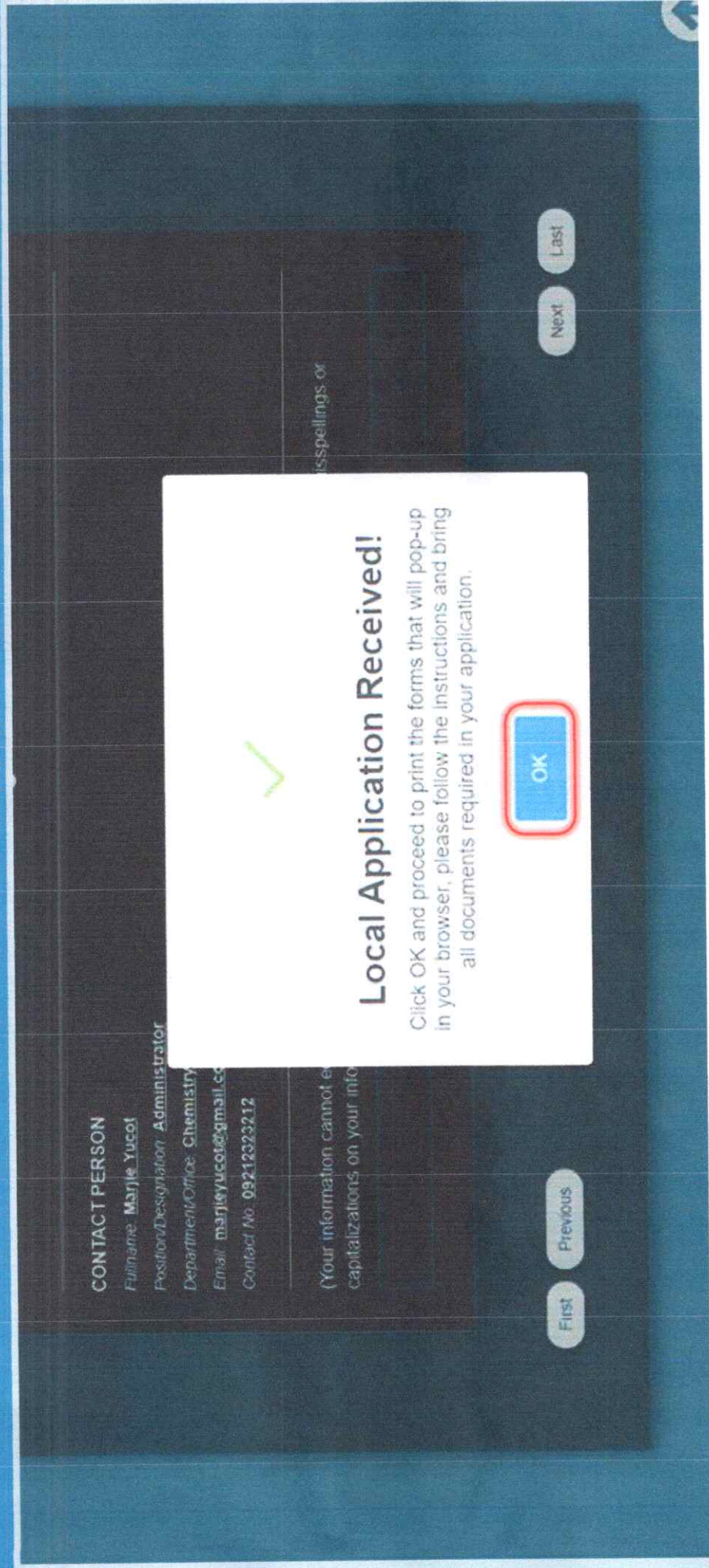
Next

Last



Click SUBMIT APPLICATION to agree with the Undertaking.

PUBLIC SITE (Provider) – Apply as Accredited Provider



Click OK to proceed with the printing of forms which will prompt.

Note: Username and Temporary Password will be e-mailed once the application is approved by the Council concerned


PUBLIC SITE (Provider) – Apply as Accredited Provider (PayMaya)

The screenshot displays a payment interface. On the left, under 'Card Details', there are fields for 'First Name' (Last Name), 'Card Number', and 'Expiry Date'. A 'CVV' field is also present. Below these fields, there is a note: 'Conveniently receive your receipts by Email or SMS.' and a field for 'Email / PH Mobile (Optional)'. A green 'Pay now' button is located at the bottom right of the card details section. On the right side, the 'Order Summary' is shown. It includes a green icon with 'PRC' below it, the text 'INDIVIDUAL / SOLE PRIORITO...', and a total amount of 'PHP 5,000.00'. Below this, a 'Service Charge' of 'PHP 62.50' is listed. The 'Total Amount' is highlighted with a red oval and reads 'PHP 5,062.50'. At the bottom right of the order summary, it says 'Powered by PayMaya Enterprise'.

If the payment mode selected is PayMaya:

1. The applicant will be directed to an external portal to process the payment.
2. Pay the TOTAL AMOUNT reflected, including the Service Charge.

PUBLIC SITE (Provider) – Apply as Accredited Provider

 Professional Regulation Commission	
APPLICATION FOR ACCREDITATION AS CPD PROVIDER(LOCAL)	
CPD Council for CIVIL ENGINEERING	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal	Accreditation No. _____ Expiry Date _____
Part I. Provider's Corporate Information	
Name of Provider: _____ Form of Ownership: _____ Address: _____ Telephone No.: _____	
SEC Registration No.: _____ Date of Registration: _____ TIN: _____ Tax No.: _____ Website: _____ Contact Person: _____ Contact No.: _____ E-mail Address: _____ Account No.: _____ Bank: _____	City: _____ State: _____ Zip: _____
Part II. Acknowledgment	
I HEREBY CERTIFY that the information above is true and correct to the best of my knowledge and belief. I understand that the Commission and its members are not liable for any loss or damage caused by the use of this form. I understand that the Commission and its members are not liable for any loss or damage caused by the use of this form.	
Signature Over Printed Name: _____ Position: _____ Date: _____	
Part III. Action Taken	
Approved by: _____ Date: _____	Cash Discount: _____ Amount: _____ C.R. No. (Date): _____ Issued by: _____
ACTION TAKEN BY THE CPD COUNCIL	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (pending compliance) <input type="checkbox"/> Disapproved (not in compliance)	
Member: _____ Date: _____	Chairman: _____ Member: _____

Republic of the Philippines Professional Regulation Commission Manila	
ORDER OF PAYMENT	
Order of Payment #	PROV-2020-471
PAYOR	PHILIPPI C.
Date	August 31, 2020
FEE	
PAYMENT FOR APPLICATION AS CPD PROVIDER	
TOTAL AMOUNT	AMOUNT
	PHP 5000
	PHP 5000

If the payment mode selected is PRC Cashier:
 Application Form and Order of Payment prompt after successful submission of application.
 The PDF file should be printed out for processing of application

PUBLIC SITE (Provider) – Apply as Accredited Provider



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPLICATION FOR CPD PROVIDER

Dear **Professional Provider**:

Thank you for your application for accreditation as a CPD provider.

You may print your Application Form [here](#).

Thank you.

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.

DO NOT REPLY

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Once the application is SUBMITTED, an e-mail will be sent to the applicant.

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Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION

APPROVAL OF APPLICATION AS CPD PROVIDER

Dear Carmela Diaz,

This is to inform you that your application for accreditation as CPD Provider has been approved by the CPD Council for XXXXXXXXXXXXXXXXXXXX. Your CPD Accreditation No. is **--- -2020-007**. You may claim your Certificate of Accreditation at PRC - NCR (PICC) office in Delegation Bldg., Philippine International Convention Center (PICC), Vicente Sotto St., Pasay, Metro Manila, 30 days upon receiving this email.

You may now access your account at our [CPD Accreditation System](#) with the following information.

Username: XXXXXXXXXXXX

Password: XXXXXXXXXXXX

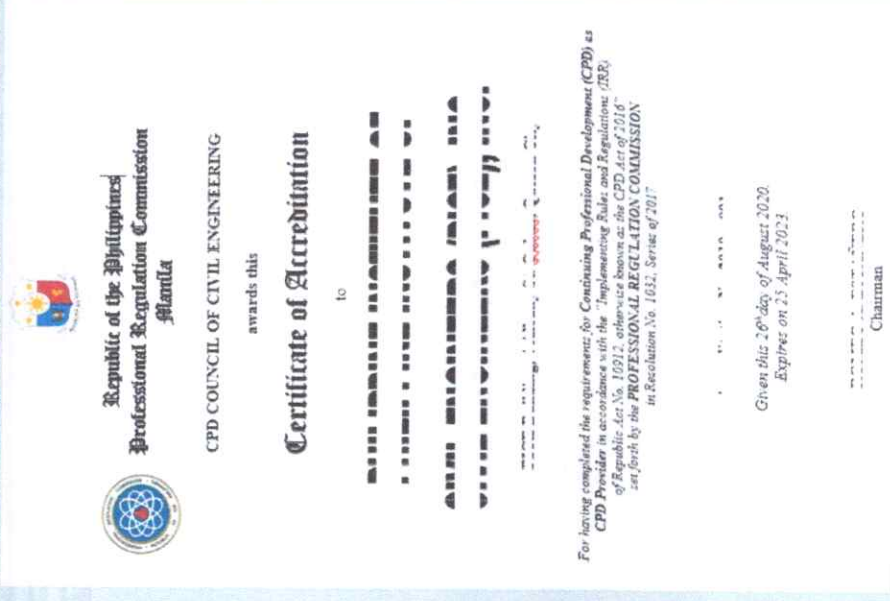
You will be asked to change your password immediately for security purposes

This email is system generated. The recipient should check the email for threats with proper software, as the commission does not accept liability for any damage inflicted by viewing the content of this email.
DO NOT REPLY

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Once the application is APPROVED, an e-mail will be sent to the applicant containing the default username and password.

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Certificate of Accreditation (“CoA”) will be awarded to Accredited Provider.



THANK YOU!