



Republic of the Philippines  
**Department of Education**

*National Educators Academy of the Philippines*

**FORM 2020A.1 Learning Service Provider (LSP) Authorization Application Form**

INSTRUCTIONS: Input the necessary details. Tick appropriate boxes (☐). Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

<b>Date of Orientation Briefing</b>	Select date here	<b>NEAP Personnel</b>	Type the personnel who conducted the Orientation Briefing
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**I. OVERVIEW OF THE LEARNING SERVICE PROVIDER**

<b>A. Basic Information</b>					
Classification	<input type="checkbox"/> International <input type="checkbox"/> Local <input type="text"/> Select the Region.		<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Firm/Partnership/Corporation <input type="checkbox"/> Government Institution/Agency		<input type="checkbox"/> Head Office <input type="checkbox"/> Branch Office <input type="text"/> Please specify <input type="checkbox"/> Others: <input type="text"/> Please specify
Learning Service Provider		Type the complete name as stated in the business permit.			
Contact Person 1	Type here.		Position	Type here.	Mobile No. Type here.
Contact Person 2	Type here.		Position	Type here.	Mobile No. Type here.
Complete Office Address		Type here the address including Unit, Number, Street and Subdivision/Barangay.			
Website (if any)	Type your website here. Facebook page is accepted if you do not have an existing website.			Email Address	Please type a valid email address.
Telephone No.	Type the area code and landline number here.	Fax No.	(Optional) Type your fax number here.	Mobile No.	Type here.

<b>B. Purpose of the Existence of the Organization</b>	
Vision	Type here.
Mission	Type here.
Core Values	Type here.
<b>C. Brief History of the Organization</b>	
Type here.	



## II. LEGAL STATUS, GOVERNANCE AND MANAGEMENT

<b>A. Legal Personality</b>			
<b>A1. Individual/Sole Proprietorship</b>			
BIR 2303 OCN	Type BIR 2303 OCN here.	Business Permit No.	Type Business Permit No. here.
DTI Registration No.	Type DTI Registration No.here.	Valid Until	Select date here.
NBI Clearance No.	Type NBI Clearance No. here.	Valid Until	Select date here.
PRC CPD Accreditation No.	Type here.	Valid Until	Select date here.
<b>A2. Firm/Partnership/Corporation</b>			
SEC Registration No.	Type SEC Registration No.here.	Date of Incorporation	Select date here.
BIR 2303 OCN	Type BIR 2303 OCN here.	Business Permit No.	Type Business Permit No. here.
PRC CPD Accreditation No.	Type here.	Valid Until	Select date here.
<b>A3. Government Institution/Agency</b>			
Charter or Republic Act	Type Charter or Republic Act here.	Date Established	Select date here.
<b>B. Names of Officers</b>			
Names	Position	Area of Specialization	PRC License (if any)
Type here.	Type here.	Type here	Type here.
Type here.	Type here.	Type here	Type here.
Type here.	Type here.	Type here	Type here.
Type here.	Type here.	Type here	Type here.
Type here.	Type here.	Type here	Type here.
Type here.	Type here.	Type here	Type here.
<b>C. Name of Executive Director or Equivalent</b>			
Type Complete Name of Executive Director or Equivalent.			

**D. Number of Staff for Current Year**

☐ Full Time
 ☐ Part Time
 ☐ Project-Based
 ☐ Others:

**III. TRACK RECORD OF PROFESSIONAL DEVELOPMENT PROGRAMS/COURSES IMPLEMENTATION**

*(Give at least 5 recent major courses/programs implemented in the last 3 years related to provision of professional development and/or skills training for teachers and school leaders; if any. Please attach program/course completion reports)*

A. Professional Development Courses/Programs			
Title	Key Experts involved in developing/delivery	Actual Beneficiaries	
		Type/s	Number
1. Type Professional Development Courses/Programs here.		Type the participants who attended the Course/Program.	Type the actual number of participants.
2. Type here.		Type here.	Type here.
3. Type here.		Type here.	Type there.
4. Type here.		Type here.	Type here.
5. Type here.		Type here.	Type here.

**B. Training Facilities** ☐ Owned ☐ Leased/Rented: Valid Until.**IV. CONTRIBUTION TO PARTNERSHIP**

*(Give at least 5 Programs/projects partners within the last 3 years if any)*

Name of the Partner Organization	Contribution to the Program/Project
1. Type Complete name of Partner Organization.	Type what was your contribution to the Program/Project of your partner organization.
2. Type here.	Type here.
3. Type here.	Type here.
4. Type here.	Type here.
5. Type here.	Type here.

## V. FINANCIAL MANAGEMENT SYSTEM

### A. Key Personnel Involved in the Financial Process

Name	Qualifications/Experience
Type complete name of the key personnel.	Type Qualifications/Experience
Type complete name of the key personnel.	Type Qualifications/Experience
Type complete name of the key personnel.	Type Qualifications/Experience

### B. Main Sources of Revenue*(if a new organization, just put the recent one)*

Year	Source of Revenue
2019	Type Source of Revenue here.
2018	Type Source of Revenue here.
2017	Type Source of Revenue here.

### Declaration:

I hereby declare the information provided in this application is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

Sign off by the Executive Director or its equivalent

Executive Director or its equivalent	Type here
Signature	
Date	Click here to enter a date.



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**FORM 2020R.1 Professional Development Program/Course Recognition Application Form**

INSTRUCTIONS: Input the necessary details. Indicate N/A if not applicable. **DO NOT ABBREVIATE. LEARNING SERVICE**

**PROVIDER PROFILE**

Learning Service Provider	Type the complete name.		
Complete Office Address	Type the complete office address.		
Contact Person	Type the complete name.	Mobile No.	Type the mobile no.
Telephone No.	Type the office telephone no.	Email Address	Type Email address.
NEAP Authorization Number	For Authorized Learning Service Provider only.		

## PROGRAM PROFILE

You will need to complete the following components to describe the program you would like to be recognized.

Title	Type the Program Title here.		
Rationale	(Outline the reasons for offering this program. You should consider the need this program addresses for teachers and include an overview of how relevant and reliable research relates to the content and/or delivery of the program. Include citations in your overview. Also, provide references to the sources outlined.)		
Program Description	(Provide a brief description of the program. State the terminal and enabling objectives of the program by referring to what teachers/school leaders will gain in terms of their professional knowledge, professional practice and/or professional engagement.)		
Professional Development Priorities	(State the NEAP Professional Development Priorities this program covered.)		
Target Participant	(Please specify your participants based on their career stage, subject area, grade level, etc.)	PRC Program Accreditation No.	(For Non-DepEd LSPs)
Delivery Platform	Identify delivery platform here.	Indicative Date of Implementation	From Start Date to End Date

## COURSE LIST

Learning Service Providers can attach one or more courses in a program for recognition. You are required to list courses you are applying for recognition in the table below and then provide a detailed description of each course on the **COURSE DESIGN** page.

Course	Title	Professional Standards Covered	Schedule	Modality
1	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s)	From Start Date to End Date	Choose an item.
2	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s)	From Start Date to End Date	Choose an item.
3	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s)	From Start Date to End Date	Choose an item.
4	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s)	From Start Date to End Date	Choose an item.
5	Type here.	(PPST, PPSSH, PPSS with specific domain/s and strand/s)	From Start Date to End Date	Choose an item.

Add more row to add courses.

## COURSE DESIGN

Provide a detailed description of each of the course by breaking it into discrete sessions. You may create a copy of this page if you have two or more courses.

Course Title							
Course Description							
	Duration	Topic	Intended Learning Outcomes	Methodology	Assessment Strategies	Outputs	Resource Person/ Learning Facilitator
1	State its duration, e.g. 90 minutes	Describe its topic (focus, content and key learning points or <i>what</i> teachers will be learning about).	Describe its intended learning outcomes.	Explain, in detail, the professional development activities including the learning resources that teachers/school leaders will engage in, clearly describing <i>how</i> the presenter will facilitate each session and <i>how</i> the participants will engage with the content and meet the domain/s, strand/s and indicator/s in the selected Professional Standards.	Explain how the learning outcomes will be assessed; if possible attach an assessment tool.	Describe what teachers/school leaders' outputs to achieve learning outcomes.	Identify the Resource Person/ Learning Facilitator responsible for this session. Attach CV/Resume.
2	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
3	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
4	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
5	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.

Add more row to add sessions.



**PROGRAM/COURSE IMPLEMENTATION PLAN**

Funding Source	How the program will be funded?	Budget Requirements	Provide details on how the funds will be allocated. If registration, how much will be collected in each course?
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**Monitoring and Evaluation Plan**

Levels of M and E	Indicators	Methods and Tools	Data Sources	Schedule of M and E	Person/s Responsible	Resources	User of M and E Data
Level 4. Results	What will be measured?	What methods/tools will be used to collect data?	Who and/or what documents will provide data or evidence on the indicators?	When will M and E activities be undertaken?	Who will be accountable for ensuring that M and E activities are done?	What resources are needed to implement M and E activities?	Who will use the data gathered?
Level 3. Behavior	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
Level 2. Learning	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.
Level 1. Reaction	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.	Type here.

**Declaration:**

I hereby declare the information provided in this application is true and correct and there have been no misleading statements, omission of any relevant facts nor any misinterpretation made.

Sign off by the Program/Course Manager or its equivalent

Program Manager	Type here
Signature	
Date	Click here to enter a date.