



Republic of the Philippines  
**Department of Education**

29 APR 2020

DepEd MEMORANDUM  
No. **048**, s. 2020

**CALL FOR SUBMISSION OF PROPOSALS TO THE NATIONAL EDUCATORS  
ACADEMY OF THE PHILIPPINES FOR THE 2020 PROFESSIONAL  
DEVELOPMENT PROGRAMS AND COURSES (BATCH 1)**

To: Undersecretaries  
Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
All Others Concerned

1. In line with DepEd Order No. (DO) 001, s. 2020 titled **Guidelines for NEAP Recognition of Professional Development Programs and Courses for Teachers and School Leaders**, the Department of Education (DepEd), through the National Educators Academy of the Philippines (NEAP), announces the **Call for Submission of Proposals for the 2020 Professional Development (PD) Programs and Courses (Batch 1)**.

2. The call is open to both DepEd units and non-DepEd Learning Service Providers (LSPs), who seek to offer PD programs and courses intended for DepEd teachers and school leaders for inclusion in the NEAP-PD programs 2020.

3. Non-DepEd LSP shall comply first with the requirements of the Authorization Evaluation Process stated in Item VII.A of DO 001, s. 2020, prior to submission of professional development programs and/or courses.

4. As stipulated in DO 001, s. 2020, program or course proposals shall be organized as follows:

- a. Information about the applicant, which includes the Authorization number for a non-DepEd applicant.
- b. Profile of the program or course, which includes the following:
  - i. Title of the program or course;
  - ii. Rationale;
  - iii. Program or course description;
  - iv. Professional development priorities;
  - v. Professional standards covered (PPST, PPSSH or PPSS domain/s, strand/s, indicator/s);
  - vi. Target participant profile (Career stage, Grade level, Learning area);
  - vii. Number of hours (face-to-face instruction and/or online learning, and classroom application, if applicable);

- viii. List of resource persons/learning facilitators supported by Curriculum Vitae;
- ix. Modality (Formal Learning, possibly with Job-Embedded Learning, Learning Action Cell, relationship and discussion-based learning, among other modalities;
- x. Delivery Platform (online, face-to-face and blended delivery);
- xi. Indicative date of implementation; and
- xii. Professional Regulation Commission (PRC) Program Accreditation Number (if applicable).

c. Program or course design, which includes the following:

- i. Objective/s or Outcome/s,
- ii. Detailed program or course matrix,
- iii. Modules and learning resources to be used, and
- iv. Assessment plan.<sup>1</sup>

d. Program or course implementation plan, which includes the following:

- i. Schedule of activities,
- ii. Budget requirements,
- iii. Funding source, and
- iv. Monitoring and evaluation.

5. DepEd Central Office bureaus, services, offices, and units, Regional Offices, and all authorized non-DepEd LSPs shall submit their proposals through online NEAP portal at <http://deped.gov.ph/neap/lsp.html> or at NEAP Central Office addressed to:

**JOHN ARNOLD S. SIENA**

Director IV

National Educators Academy of the Philippines

2nd Floor, Mabini Building, Department of Education Central Office

DepEd Complex, Meralco Avenue, Pasig City

Attention: **Ma. Nida C. Caramat**

Senior Education Program Specialist

NEAP-Quality Assurance Division

6. The schools division offices (SDOs) shall submit their proposals to their NEAP/Human Resource Development Division, Regional Offices for evaluation.

7. Proposals shall be evaluated based on the following criteria stated in DO 001, s. 2020:

- a. Alignment with the NEAP Professional Development Priorities;
- b. Mapping of the Philippine Professional Standards for Teachers (PPST), the Philippine Professional Standards for School Heads (PPSH), or the Philippine Professional Standards for Supervisors (PPSS);

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<sup>1</sup> *The assessment plan shall take into consideration assessment outputs for use in the Results-based Performance Management System (RPMS) per DO 2, s. 2015 or the Guidelines **on the Establishment and Implementation of the Results-based Performance Management System (RPMS) in the Department of Education.***

- c. Articulation of objectives/outcomes;
  - d. Alignment of the objectives/Intended Learning Outcomes (ILOs), Content and, if applicable, Assessment with the professional standards for teachers or school leaders;
  - e. Soundness of methodology;
  - f. Mechanisms to determine whether the objectives/ILOs have been met;
  - g. Strength of research base;
  - h. Use of principles of adult learning;
  - i. Use of recognized best practices;
  - j. Intended classroom-level application and innovation;
  - k. Credentials/expertise of resource person(s) and learning facilitator(s); and
  - l. Budget and costing.
8. The following are enclosed for reference:
- Enclosure No. 1 - Form 2020A.1  
LSP Authorization Application Form
- Enclosure No. 2 - Form 2020R.1  
Professional Development Programs/  
Courses Recognition Application Form
9. Deadline for submission of proposals will be on **June 15, 2020**.
10. More details on the Orientation Briefing for LSP applicants will be announced in a separate issuance.
11. For more information, please contact the **National Educators Academy of the Philippines**, 2nd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at askneap@deped.gov.ph and telephone number (02) 8633-7207.
12. Immediate dissemination of this Memorandum is desired.

  
**LEONOR MAGTOLIS BRIONES**  
Secretary

Encls.: As stated

References: DepEd Order (Nos. 001, s. 2020 and 2, s. 2015)

To be indicated in the Perpetual Index  
under the following subjects:

ACCREDITATION  
NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES  
PROGRAMS  
RECOGNITION  
REPORTS  
REQUIREMENTS  
TEACHERS



Republic of the Philippines  
**Department of Education**

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**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 |
|-------------------------------------|------------------|-----------------------|---|

**I. OVERVIEW OF THE LEARNING SERVICE PROVIDER**

| A. Basic Information      |   |   |  |            |            |
|---------------------------|---|---|--|------------|------------|
| Classification            | <input type="checkbox"/> International  | <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Head Office   |            |            |
|                           | <input type="checkbox"/> Local <input type="text" value="Select the Region."/>            | <input type="checkbox"/> Firm/Partnership/Corporation   | <input type="checkbox"/> Branch Office <input type="text" value="Please specify"/> |            |            |
|                           |   | <input type="checkbox"/> Government Institution/Agency  | <input type="checkbox"/> Others: <input type="text" value="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. Purpose of the Existence of the Organization**

|             |            |
|-------------|------------|
| Vision      | Type here. |
| Mission     | Type here. |
| Core Values | Type here. |

**C. Brief History of the Organization**

Type here.

## II. LEGAL STATUS, GOVERNANCE AND MANAGEMENT

| A. Legal Personality                                    |                                    |                        |                                |
|---|------------------------------------|------------------------|--------------------------------|
| A1. Individual/Sole Proprietorship                      |                                    |                        |                                |
| 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.              |
| A2. Firm/Partnership/Corporation                        |                                    |                        |                                |
| 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.              |
| A3. Government Institution/Agency                       |                                    |                        |                                |
| Charter or Republic Act                                 | Type Charter or Republic Act here. | Date Established       | Select date here.              |
| B. Names of Officers                                    |                                    |                        |                                |
| 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.                     |
| C. Name of Executive Director or Equivalent             |                                    |                        |                                |
| 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. |





Republic of the Philippines  
**Department of Education**

*National Educators Academy of the Philippines*

**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/<br>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/<br>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? |
|----------------|---------------------------------|---------------------|---|

**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. |