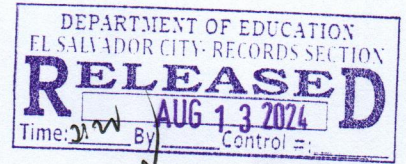




Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY



August 12, 2024

DIVISION MEMORANDUM
No. 315, s. 2024

**CHANGES IN THE PROCESS FOR CERTIFICATION, AUTHENTICATION,
AND VERIFICATION (CAV) APPLICATION PRE-EVALUATION**

To: **Assistant Schools Division Superintendent**
Chief CID, SGOD
Education Program Supervisors
All Public Elementary School Heads
All Public Secondary School Heads
All Others Concerns
This Division

1. Relative to the Regional Memorandum No. 0182, s.2024, this Office hereby informs the field of the changes in the application procedure for Certification, Authentication, and Verification (CAV) Pre-Evaluation.
2. All CAV application pre-evaluation shall be submitted via email instead of uploading in the Regional Pre-CAV Evaluation Portal.
3. The revised process for submitting CAV application Pre-Evaluation is as follows:
 - a. Prepare all necessary documents for the CAV application Pre-Evaluation in digital format (PDF preferred).
 - b. Compile the documents into a single email attachment.
 - c. Send email with the subject line "CAV application Pre-Evaluation-[Applicant's Name] to records.elsalvadorcity@deped.gov.ph.
4. Moreover, please be reminded of the following requirements for CAV processing, as listed below:
 - a. CAV Form 4- 3 copies,
 - b. CAV Form 5- 3 copies,
 - c. CAV Form 17- 3 copies,



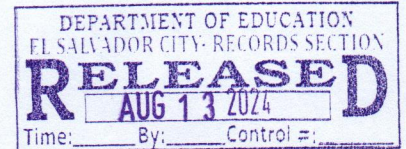
Address: Zone 3, Poblacion, El Salvador City
Telephone No: (088) 882-6326
Website: www.depedelsalvadorcity.net
Email Address: elsalvador.city@deped.gov.ph

**Transforming Schools,
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Republic of the Philippines
Department of Education
REGION X - NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY



- d. Form 137/SF10- 3 certified copies with school dry seal and should be computerized,
 - e. Diploma -1 original (copy of the learner) and 2 certified copies with dry seal, and
 - f. If applicable, Special Power of Attorney for the representative of the CAV Applicant.
5. Kindly see enclosures for the format of the forms. Also, you may download the forms in our Division Office website under Resources >>Downloadable forms.
6. For clarification and inquiries relative to CAV application and its pre-evaluation, you may contact the records unit thru email address: records.regionx@deped.gov.ph
7. This memorandum adheres with the Equal Opportunity Principle (EOP) in observing all policies and protocol of the said activity. Hence, all actions shall be based solely on guidelines set with no discrimination on the account of age, gender identity sexual orientation, civil status, disability, religion, ethnicity, or political affiliation.
8. For information, guidance, and compliance.


RANDOLPH B. TORTOLA
Schools Division Superintendent

Encl.: As stated.

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

PROCESS

CAV

OSDS/ERI



Address: Zone 3, Poblacion, El Salvador City
Telephone No: (088) 882-6326
Website: www.depedelsalvadorcity.net
Email Address: elsalvador.city@deped.gov.ph

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CAV FORM 4-CERTIFICATION OF ENROLLMENT / COMPLETION / GRADUATION

**Republic of the Philippines
Department of Education
Region X
Division of El Salvador City**

(School name)

CERTIFICATION OF ENROLLMENT / COMPLETION / GRADUATION

TO WHOM IT MAY CONCERN:

This is to certify that, based on available records in this school, the following information.

pertaining to **(NAME OF LEARNER)** with Learner Reference Number **(XXXXXXXXXX)** appear.

- () enrolled in Grade _____ during the School Year _____
- () completed Grade _____ during the School Year _____
- () satisfactorily **completed/graduated** from **Elementary / Secondary Course** for the School Year **(SY-XXXX)** per Special Order Number **(XXXXXX)** as prescribed by the Department of Education.

This certification is issued on ____ day of ____ upon the request of **(NAME OF LEARNER or REPRESENTATIVE)** in connection with **his / her** application for Certification, Authentication and Verification.

Signature Over Printed Name
(School Head/ Principal)

CAV FORM 5-SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE

**Republic of the Philippines
Department of Education
Region X
Division of El Salvador City**

(School name)

**1st Indorsement
(date)**

Respectfully forwarded to the Regional Director, DepEd Regional Office X, Zone-1 Upper Balulang, Cagayan De Oro City. The herein request of **(NAME OF LEARNER)** for Certification, Authentication and Verification (CAV) of his / her Academic School Records.

For ready reference and perusal, attached are the following documents/records marked (/) below properly enclosed in sealed envelope:

- () Certification of Completion/Graduation
- () Certification of English as Medium of Instruction
- () Form-137
- () Diploma

For the preferential appropriate action of Regional Director.

Signature Over Printed Name
(School Head/Principal)

**Republic of the Philippines
Department of Education
Region X
Division of El Salvador City**

(School name)

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **(NAME OF LEARNER)** with Learner Reference Number **(XXXXXX)** has satisfactorily **completed / graduated** from the **Elementary/Secondary/Junior High School/Senior High School** course as prescribed by the Department of Education, with the following particulars:

1. Name of School: _____
2. School Address: _____
3. Grade Level Completed: _____ School Year Completed: _____
4. Graduated on: _____ School Year Graduated: _____
5. Special Order Number: _____ Date: _____

This is to further certify that English Language was used as the medium of instruction in all subjects taught in the above-mentioned school, except for subjects that require the use of Filipino language only.

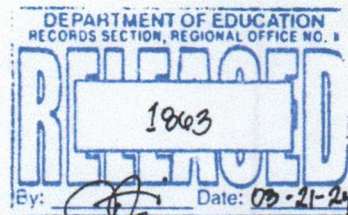
This certification is issued on _____ upon the request of **(NAME OF LEARNER)** in connection with **his / her** application for Certification, Authentication and Verification.

Signature Over Printed Name
(School Head / Principal)

Note: If graduated from secondary course in private school, indicate Special Order Number and Date



Republic of the Philippines
Department of Education
 REGION X - NORTHERN MINDANAO



DTS: 24-113996

REGIONAL MEMORANDUM
 No. 0182, s. 2024

**CHANGES IN THE PROCESS FOR CERTIFICATION, AUTHENTICATION,
 AND VERIFICATION (CAV) APPLICATION PRE-EVALUATION**

To: Schools Division Superintendents
 All Others Concerned

1. This Office, through the Information and Communication Technology Unit (ICTU), is implementing some changes in the application process for Certification, Authentication, and Verification (CAV) Pre-Evaluation effective immediately.
2. All CAV Application Pre-Evaluations shall now be submitted via email instead of the previous method.
3. The revised process for submitting CAV Application Pre-Evaluations is as follows:
 - a. Prepare all necessary documents for the CAV Application Pre-Evaluation in digital format (PDF preferred).
 - b. Compile the documents into a single email attachment.
 - c. Send the email with the subject line "CAV Application Pre-Evaluation - [Applicant's Name]" to records.regionx@deped.gov.ph.
4. For inquiries or assistance regarding CAV Application Pre-Evaluations, please contact (088) 881 3137. Additionally, the divisional and school personnel in charge of CAV shall join the "DepEd 10 CAV" Facebook Group for further support.
5. This Office directs the immediate and wide dissemination of this Memorandum.

DR. ARTURO B. BAYOCOT, CESO III
 Regional Director

DR. FEDERICO P. MARTIN, CESO V
 Assistant Regional Director
 Officer-in-Charge
 Office of the Regional Director

ATCH.: As stated
 To be indicated in the Perpetual Index
 under the following subjects:

INFORMATION TECHNOLOGY CAV
 ICT/mabulay



DepEd Regional Office X, Zone 1, Upper Balulang, Cagayan de Oro City
 (088) 856-3932 | (088) 881-3137 | (088) 881-3031
 Department of Education Region 10
 region10@deped.gov.ph
 http://deped10.com

Doc. Ref. Code	ROX-CRD-PAL/IMP-2023-019	Rev.	00
Effectivity	04.03.23	Page	1 of 2

