



Office of the City Schools  
Division Superintendent

Republic of the Philippines  
Department of Education  
Region XI  
**SCHOOLS DIVISION OF DIGOS CITY**  
Digos City



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August 8, 2019

**DIVISION MEMORANDUM**

No. 602, series of 2019

**ADMINISTRATION OF ENGLISH PROFICIENCY TEST (EPT) FOR TEACHER 1 APPLICANTS**

TO: Chief Education Supervisors (CID&SGOD)  
Public Schools District Supervisors  
Education Program Supervisors  
School Management Monitoring and Evaluation Personnel  
All School Heads  
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), shall administer the English Proficiency Test (EPT) for Teacher Applicants. This Division hereby inform the field that the conduct of the said exam will be on **September 8, 2019 (Sunday) at Digos City National High School**. The test will start at **7:30 in the morning**.

2. The test shall be administered to all Teacher 1 applicants and it is open to all applicants who intend to apply for teaching position for the next school year (SY 2020-2021), provided that they have already secured PRC license, except for Senior High School teacher applicants. For those who took the EPT last February 2019, whose validity is up to February 2020 only, are also encouraged to take the test. The validity of the result of this exam is two (2) years.

3. All School Heads are directed to disseminate this Memorandum in any platforms to their respective community/locality. A copy of this issuance must be given also to Barangay Officials.

4. Applicants must accomplish the Registration Form, which will be signed by the Registration Officer, Eleser D. Mateo, Education Program Specialist II, School Governance and Operations Division, DepEd Digos City Division Office.

5. All personnel involved in the testing program shall be given **one (1) day Compensatory Overtime Credit (COC)** as provided in DepEd Order No. 53, s. 2003 entitled Updated Guidelines on Grant of Vacation Service Credits.

6. Meal, snacks and transportation of all Testing Personnel shall be charged against local funds subject to the usual accounting and auditing rules and regulations.

7. Immediate and widest dissemination of this Memorandum is earnestly desired.

**WINNIE E. BATOON, EdD**  
Officer-In-Charge  
Office of the Schools Division Superintendent

Encls: As stated  
References: As stated  
To be indicated in the Perpetual Index under the following subjects:  
GOVERNANCE TESTING EPT  
ROM: Administration of English Proficiency Test (EPT) for Teacher 1 Applicants  
08 August, 2019

DepEd Schools Division of Digos City  
RECORDS SECTION  
**RELEASED**  
39049  
DATE: 09 AUG 2019 TIME: 8:27  
BY: \_\_\_\_\_

**ENGLISH PROFICIENCY TEST (EPT) for Teacher 1 Applicants**  
**REGISTRATION FORM**

Last Name	First Name	Middle Name
Address: _____ Religion: _____		
Date of Birth: _____ Age: _____ Sex: _____ Contact No. _____		
Degree: _____ Major: _____ Year Graduated: _____		
Eligibility: _____ Level to be Applied: (Kinder, Elem., Junior HS, Senior HS) _____		

Testing Center: **DIGOS CITY NATIONAL HIGH SCHOOL** Date of Examination: **SEPTEMBER 8, 2019**

\_\_\_\_\_  
Applicant's Signature Over Printed Name

Photo – 1x1  
  
(White  
Background with  
Name Tag)

- INSTRUCTION TO THE EXAMINEES:**
1. Bring with you this form during the examination day for verification, together with one (1) valid identification card.
  2. Arrive at the Testing Center thirty (30) minutes before the time.
  3. Please bring 2 pencil lead no. 2.
  4. Please wear appropriate and decent attire. **Strictly NO WEARING OF SHORTS, SLEEVELESS AND SLIPPERS.**

**ENGLISH PROFICIENCY TEST (EPT) for Teacher 1 Applicants**  
**REGISTRATION FORM**

Last Name	First Name	Middle Name
Address: _____ Religion: _____		
Date of Birth: _____ Age: _____ Sex: _____ Contact No. _____		
Degree: _____ Major: _____ Year Graduated: _____		
Eligibility: _____ Level to be Applied: (Kinder, Elem., Junior HS, Senior HS) _____		

Testing Center: **DIGOS CITY NATIONAL HIGH SCHOOL** Date of Examination: **SEPTEMBER 8, 2019**

Validated by:

\_\_\_\_\_  
Registration Officer's Signature Over Printed Name

**REYZEN O. MONSERATE, RN, MAN**  
Division Testing Coordinator

Photo – 1x1  
  
(White  
Background with  
Name Tag)

- INSTRUCTION TO THE EXAMINEES:**
1. Before signing this form, please see to it that all entries are legible and correct.
  2. Detach the Applicant's Copy and give it to the applicant.
  3. Keep this form and give it to the Division Testing Coordinator. This form shall also be the basis for the Room Examiners to verify the examinee.