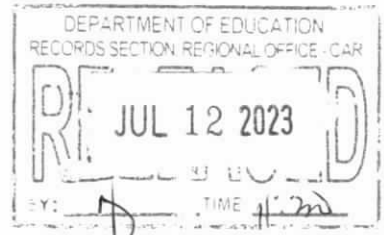




Republic of the Philippines
Department of Education
 CORDILLERA ADMINISTRATIVE REGION



11 July 2023

REGIONAL MEMORANDUM

No. 361-2023

CALL FOR NOMINATION FOR SEAMEO-RECSAM REGULAR COURSE OFFERINGS FOR FY 2023-2024

To: Assistant Regional Director
 Schools Division Superintendents
 All Other Concerned
 All Divisions

1. Pursuant to DM-OUHROD-2023-0878, this office calls for the nomination of participants for SEAMEO-RECSAM Regular Course Offerings for SY 2023-2024.

2. The course details are as follows:

Regular Courses	Course Code	Course Title	Date	No. of Scholarship Offered	Deadline of Nomination
For Fiscal Year 2023/2024 (Batch 2)	RC-SS148-3	Enhancing Secondary Science Education Through Professional Learning Community (PLC) Engaging in Classroom-Based Research	6-31 May 2024	1	August 7, 2023
	RC-SM148-4	Implementing School Based Alternative		2	

3. All SDO are encouraged to nominate at least one primary or secondary school teacher of special education who will undergo PDC evaluation. All nominees must meet the qualifications and submit the documentary requirements as listed in Enclosure 1 and 2 to **car.neapr@deped.gov.ph** on or before the stated deadlines.

4. All nomination submitted to the Regional Office are subjected to the PDC evaluation for nomination to Central Office.

5. For inquiries and clarifications, please contact HRDD-NEAPR through Chief Education Supervisor, Jennifer Ande at 09190073814.

6. Immediate and widest dissemination of this Memorandum is directed.


ESTELA P. LEON-CARIÑO EdD, CESO III
 Director IV / Regional Director

NEAPCAR/JPA/esf



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DepEd-CAR: Weaver of HOPE and Transformation
 "Holistic Opportunities for all to be Performing and Excellent Cordilleran Learners"

SCHEDULE OF NOMINATION AND OTHER RELATED ACTIVITIES

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

Name:	
Scholarship Program:	
Sponsoring Agency/Organization:	
Region/SDO:	
Work Station:	

Remarks (✓, ✗, others)	Eligibility	Documentary Requirements
	a. Must be a Filipino citizen.	Updated Personal Data Sheet
	b. Must have obtained a very satisfactory (VS) performance rating for two (2) consecutive years. c. Must present his/her Individual Development Plan (IDP) that is validated by the head of the office.	Latest rated performance rating with approved IDP
	d. Must be holding a permanent item.	Updated Service Record
	e. Must be physically, mentally, and psychologically fit.	Medical certificate from any government physician as to health status.
	f. Must have no master's degree (for those who will apply for a master's degree) and shall have no doctoral degree (for those who will apply for a doctoral degree). g. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	Updated Personal Data Sheet
	h. Must be willing to sign a Scholarship Contract and commit to its provisions. i. Must be willing to prepare, share, and implement a Scholarship Report and Work Application Plan (WAP).	(shall be complied after being officially nominated)
	j. Must have no pending administrative, civil, or criminal case, and must have not been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges
	k. Has already finished his/her existing service obligation for a scholarship, if any. **in any case that the HRDD has no existing format, please use Enclosure 2 of this memo l. Has no pending application for retirement.	Clearance from HRDD/NEAP
	m. Must be able to render his/her service obligation vis- a- vis duration of the scholarship.	

SCHOLARSHIP CLEARANCE

I. NAME		
II. Position/Designation		
III. Permanent Station		
IV. Has availed any scholarship program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fill out sections V-X, as applicable.
V. Scholarship Program	Program Type	Title of the Program
	<input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	
VI. Scholarship Duration		
VII. Status	<input type="checkbox"/> Completed the course (Submit a copy of Certificate of Completion)	<input type="checkbox"/> Withdrawn from the Course (State the reason below)
VIII. Reason/s for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further:</i>	
IX. Service Obligation	No. of Months/Yrs Required	No. of Months/Yrs Completed
X. Reason for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further:</i>	
<i>I hereby attest that the information in this form and the supporting documents attached hereto are true and correct</i>		
Name and Signature of the Recommending Authority (SDO - HRDD)		_____
		Date and Time
APPROVED		
Name and Signature of the Recommending Authority (RO-HRDD)		_____
		Date and Time