



#### 4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates	4.4 No. of Hours	4.5 Conducted By

(For more information, please use separate sheet)

#### 5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

(For more information, please use separate sheet)

#### 6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3 Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

(For more information, , please use separate sheet)

### ADMISSION SLIP

REFERENCE NUMBER :

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Name of Applicant:

Tel. Number:

Assessment Applied for:

Official Receipt Number:

Date Issued:

**To be accomplished by the Processing Officer**

Name of Assessment Center:

Check submitted requirements:

- Accomplished Self-Assessment Guide
- Three (3) pieces colored passport size pictures
- E-TESDA Certificate: Practicing COVID-19 Preventive Measures in the Workplace
- Consent Form

Remarks:

- Bring own Personal Protective Equipment
- Others. Pls. specify:
  - Original and Photocopy of required documents
  - Packed snacks / lunch

Assessment Date:

Assessment Time:

PICTURE  
(Passport size)

Printed Name & Signature of Processing Officer

Printed Name & Signature of Applicant

Date:

Date:

*Note: Please bring this Admission Slip on your assessment date.*