Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
REGION VI

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Annex E

SUMMARY of EVALUATION

Appln. No. _____
Region _____

☐ OSH Practitioner New ( ) Renewal ( ) Treated as New Application ( )

I. Name of Applicant (PLS. PRINT): _____ _____ _____
First Name Middle Name Last Name

Company / Address: _____

Email: _____ Fax: _____ Work phone/s: _____

II. Summary of Evaluation / Recommendations:

A. DOCUMENTS:

Filed on: _____ Received on: _____

___ Complied with all documentary requirements.
___ Completed submission of documents on _____.
___ Did not meet the minimum requirements.
___ To Submit/Comply with additional requirements.
___ To present originals during interview.
___ Letter to the applicant dated _____ is attached/submitted informing status of application.

B. EDUCATION, EXPERIENCE & TRAININGS:

Highest Educational Attainment: _____
With PRC license ☐ Yes ☐ No License No. _____
Total Work Experience related to OSH:
_____
Work Experience (with relevant OSH experience) in/ as:
_____
Has satisfied minimum experience based on educational/training/experience:
☐ Yes ☐ No Actual no. of Yrs. _____
(For Renewal)
OSH related training accumulated since last accreditation:
Total number of OSH Training hours: _____
Has applied for renewal prior to expiration of accreditation
☐ Yes ☐ No Accreditation No. _____
(for renewal) Date of Expiration: _____/_____/_____
Has complied with the minimum training requirement for renewal (at least 16 hours per year) Yes ☐ No ☐

C. INTERVIEW

Schedule/Date of Interview: _____
At: _____ am / pm

Documents/experience, achievements for validation during interview.
Other Comments

Panel of INTERVIEWER/S:
1.
2.
3.
4.
Interview Results Submitted on:

Remarks/Recommendation
For New Application
___ Passed the interview. _____.

___ Did not pass the interview. _____.

For renewal: ____ Has complied with the minimum requirements For renewal
Other Comments / Remarks:
_____

Evaluator: _____ _____
Name and Signature Position

Reviewed by: _____ Date: _____
Acting TSSD Chief

( ) APPROVED ( ) DISAPPROVED

_____
Regional Director

Date: _____