



#### 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:

Remarks:

Accomplished Self-Assessment Guide

Bring own Personal Protective Equipment

Three (3) pieces colored passport size pictures

Others. Pls. specify

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.*