Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY
Office of the Schools Division Superintendent



October 18, 2024

DIVISION MEMORANDUM
No. 804 s. 2024

**ADMINISTRATION OF THE QUALIFYING EXAMINATION IN ARABIC LANGUAGE AND ISLAMIC STUDIES IN THE FOURTH QUARTER OF 2024**

TO: Asst. Schools Division Superintendent
Chief Education Program Supervisors – CID and SGOD
Public Schools District Supervisors
Division Testing personnel
Public Secondary School Heads
All other concerned
This Division

1. Relative to the DepEd Memorandum No. 057 s.2024 titled Administration of the Qualifying Examination in Arabic Language and Islamic Studies in the Fourth Quarter of 2024, all concerned are hereby informed that the **Registration Process and Evaluation of Documents in this Division shall be on October 18-23, 2024.**

2. Accomplished Registration Form and complete valid documents shall be submitted to the Division MEP Coordinator for screening of the requirements and evaluation. Attached is the Registration Form for your reference and guidance. Document evaluation shall be conducted on October 24-25, 2024 at the Division Office.

3. To facilitate the entire assessment process, the following personnel shall compose the Division Testing Team. They shall provide support and assistance to ensure successful conduct of the test. Additional personnel may be assigned if necessary.

| | | |
|---|---|---|
| Over-all Chairperson | : | Roy Angelo E. Gazo<br>Schools Division Superintendent |
| Division Testing Coordinator | : | Eleanor Consejo H. Rollan, SEPS |
| MEP Division Coordinator | : | Paraida D. Orangot, PSDS |
| To assist in the documents evaluation | : | Aziz Sultan, Asatid CDONHS-JHS |

**Address**: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
**Mobile No**: +63 975 6403 226 (Globe) | +63 951 1710 902 (Smart)
**Email Address**: cagayandeoro.city@deped.gov.ph

| | | |
|---|---|---|
| Support Staff | : | Amor Radaza<br>Lilibeth Logronio<br>Gemma Pajayon<br>Ryan Sambaan<br>Ferdinand Ramoso<br>Jason Rabanes |

4. In adherence to Equal Opportunity Policy (EOP), inclusive and fair treatment are accorded to all concerned regardless of age, gender, sexual orientation, disability, religion and ethnicity.

5. Immediate and widest dissemination of this memorandum is enjoined.

**ROY ANGELO E. GAZO**
Schools Division Superintendent

Encl: As indicated
Reference: None
To be indicated in the Perpetual Index
under the following subjects:

QEALIS

ECHR/QEALIS
October 18, 2024

| Disclosure: | By accomplishing this Registration Form, the registrant hereby consents to the collection, processing and storing of personal data by the Bureau of Education Assessment for the exclusive purpose of facilitating his/her application for the Qualifying Examination in Arabic Language and Islamic Studies (QEALIS). |
|---|---|

**1x1 bare-faced ID picture with a name tag**

Republic of the Philippines
Department of Education
**BUREAU OF EDUCATION ASSESSMENT**

# Qualifying Examination in Arabic Language and Islamic Studies (QEALIS)

## REGISTRATION FORM

| **Name of Registrant** (Pangalan ng Mag-eexam) | Last Name (Apelyido) | First Name (Pangalan) | MI |
|---|---|---|---|
| | | | |
| Mailing Address | | | |

| Email Address | Date of Birth (Petsa ng Kapanganakan) [MONTH/DD/YYYY] | Sex (Kasarian) | Age on December 1, 2024 (Edad sa ika-1 ng Disyembre 2024) | PWD [Y/N] If yes, please indicate the condition. | Contact Number |
|---|---|---|---|---|---|
| | | | | | |

| Citizenship (Pagkamamamayan) | Date of Registration (Petsa ng Pagrehistro) [MONTH/DD/YYYY] | Highest Educational Attainment (Pinakamataas na Antas ng Pinag-aralan) | Background in Islamic Education |
|---|---|---|---|
| | | | |

**Current Teaching Assignment (Pinagtuturuan sa Kasalukuyan)**

| School (Paaralan) | School ID | Division (Dibisyon) | Region (Rehiyon) |
|---|---|---|---|
| | | | |

| Testing Center where you intend to take QEALIS | Origin of the Registrant [Panggagalingan] | |
|---|---|---|
| | Division (Dibisyon) | Region (Rehiyon) |
| | | |

I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name and signature below, I am certifying that all documents attached to this application is a faithful reproduction of the original, and that all statements and information provided therein are complete, true and correct to the best of my knowledge. I am assuming full responsibility and accountability on the correctness of the details provided and authenticity of the documents submitted. I am aware that any violation will automatically disqualify me and authorize the Bureau of Education Assessment (BEA) to deny my qualification as a taker of QEALIS.

Signature over Printed Name of Registrant

## FOR THE EVALUATOR ONLY

***(Do not answer this part)***

Checklist & Requirements:

- ☐ Birth Certificate/Affidavit of Live Birth
- ☐ Photocopy of any valid ID/Barangay Clearance/ Certificate of Residency
- ☐ College OTR or diploma/ High School SF10, Form 137 or diploma
- ☐ diploma or Certificate of Completion as a Thanawi graduate

Remarks: _____

☐ QUALIFIED ☐ NOT QUALIFIED

Registration Number: _____
(Region-SDO of Registration-Number)

_____
**Name & Signature of Evaluator / Date**

Republic of the Philippines
# Department of Education

OCT 04 2024

DepEd MEMORANDUM
No. 057 , s. 2024

**ADMINISTRATION OF THE QUALIFYING EXAMINATION IN ARABIC LANGUAGE AND ISLAMIC STUDIES IN THE FOURTH QUARTER OF 2024**

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher and Technical Education, BARMM
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. As cited in DepEd Order No. 41, s. 2017 titled Policy Guidelines on Madrasah Education in the K to 12 Basic Education Program, the **Qualifying Examination in Arabic Language and Islamic Studies (QEALIS)** is an entry-level examination required for individuals applying to become *asatidz* (a general Arabic term for teachers historically or traditionally used in most Filipino Muslim communities). This examination intends to gauge the proficiency of the test-takers in the Arabic language and knowledge of Islamic studies.

2. The Department of Education (DepEd), through the Bureau of Education Assessment (BEA), will administer the QEALIS in the fourth quarter of this year in the schools division offices (SDOs) stated below. The date of test administration will be announced in a separate memorandum.

| Region of Origin of Examinees | Testing Center (Schools Division Office) |
|---|---|
| I | Ilocos Sur |
| II | Isabela |
| Cordillera Administrative Region (CAR) | Baguio City |
| III | Pampanga |
| IV-A | Cavite City |
| | Rizal |
| National Capital Region (NCR) | Makati City |
| IV-B | Palawan |
| | Oriental Mindoro |
| V | Legazpi City |
| VI | Iloilo City |
| VII | Cebu City |
| VIII | Tacloban City |
| IX and BARMM (Basilan, Sulu, and Tawi-Tawi) | Zamboanga City |
| | Isabela City |
| | Zamboanga del Norte |
| | Pagadian City |

| | |
|---|---|
| X and BARMM (Marawi City and Lanao del Sur) | Iligan City |
| | Cagayan De Oro City |
| XI | Davao City |
| XII and BARMM: Cotabato City and Maguindanao I and II | Cotabato Province |
| XII | General Santos City |
| Caraga | Butuan City |

The registrants from the region assigned to the testing center must be prioritized. A registration number shall be assigned to each registrant.

3. The registrants must possess the following qualifications:

   a. Filipino citizen aged 18–64 on the examination day, and
   b. At least a high school graduate in both secular (English) and Islamic (Arabic) Education.

4. The registrants must submit the following requirements:

   a. two copies of the Registration Form (Enclosure No. 1) attached with the most recent 1x1 bare-faced ID picture with a name tag, in accordance with the guidelines of the Civil Service Commission (CSC);
   b. photocopy of Birth Certificate/Affidavit of Live Birth;
   c. photocopy of any valid ID/Barangay Clearance/Certificate of Residency;
   d. any of the two:
      i. college Official Transcript of Records (OTR) or diploma; or
      ii. valid documents as proof of high school graduation, like School Form 10 (SF10), Form 137, or diploma; and
   e. diploma or Certificate of Completion as a Thanawi graduate.

5. The Division Testing Coordinator (DTC) will serve as the Chief Examiner (CE) in the designated Testing Center. The CE will lead all the activities before, during, and after the test administration.

6. All Division Madrasah Education Program (MEP) Coordinators, in collaboration with the DTCs, shall facilitate the registration in their scope. Initial screening of the requirements must be done in the schools divisions. Any DepEd personnel who are highly skilled in understanding Arabic texts may (be tapped to) assist in evaluating/screening documents presented by the registrants.

7. The **list of qualified registrants, together with the scanned compilation of Registration Forms**, must be submitted to the Regional MEP Coordinator on or before **October 30, 2024**. After the consolidation of lists, the Regional Testing Coordinator must prepare Form 1 ( Enclosure No. 2) and send it to the BEA-Education Assessment Division through email at bea.ead@deped.gov.ph.

8. One copy of the registration form signed by an authorized evaluator must be returned to the registrants. The said document shall be presented by the registrant on the examination day.

9. The RTC of the Testing Centers, in collaboration with the Regional MEP Coordinator, shall release a Regional Memorandum regarding the following:

   a. list of qualified registrants;
   b. details about the test administration, such as the identified specific venue and test schedule of qualified registrants; and
   c. contact information of the key testing personnel.

10. Prior to the test administration, the registrants and involved testing personnel should review the materials accessible through this link: **https://bit.ly/DepEdQEALIS**. The Google Drive folder of the said link shall be used to post contact details of the point persons for the activities and announcements related to the examination.

11. On the day of the test, the registrants are required to bring the following:

a. registration form signed by the authorized evaluator;
b. original copy of requirements;
c. most recent 1x1 bare-faced ID picture with a name tag, in accordance with the guidelines of the CSC; and
d. two pencils (No. 2), eraser, and sharpener.

12. A BEA representative shall deliver and retrieve the test materials. He/She shall monitor the test administration.

13. A Certificate of Rating (COR) will be issued to the examinees for their individual ratings. Information regarding the release of results shall be disseminated through a separate memorandum.

14. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:

**GINA O. GONONG**
Undersecretary

Encls.:
As stated

References:
DepEd Order (No. 41, s. 2017)
DepEd Memorandum No. 067, s. 2023

To be indicated in the Perpetual Index
under the following subjects:

EXAMINATION
LANGUAGE
LEARNERS
OFFICIALS
REQUIREMENTS
TEACHERS
TEST

(Enclosure No. 1 to DepEd Memorandum No. 057, s. 2024)

| Disclosure: | By accomplishing this Registration Form, the registrant hereby consents to the collection, processing and storing of personal data by the Bureau of Education Assessment for the exclusive purpose of facilitating his/her application for the Qualifying Examination in Arabic Language and Islamic Studies (QEALIS). |
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1x1 bare-faced ID picture with a name tag

Republic of the Philippines
Department of Education
**BUREAU OF EDUCATION ASSESSMENT**

## Qualifying Examination in Arabic Language and Islamic Studies (QEALIS)

## REGISTRATION FORM

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|---|---|---|---|
| | | | |
| Mailing Address | | | |

| Email Address | Date of Birth (Petsa ng Kapanganakan) [MONTH/DD/YYYY] | Sex (Kasarian) | Age on December 1, 2024 (Edad sa ika-1 ng Disyembre 2024) | PWD [Y/N] If yes, please indicate the condition | Contact Number |
|---|---|---|---|---|---|
| | | | | | |

| Citizenship (Pagkamamamayan) | Date of Registration (Petsa ng Pagrehistro) [MONTH/DD/YYYY] | Highest Educational Attainment (Pinakamataas na Antas ng Pinag-aralan) | Background in Islamic Education |
|---|---|---|---|
| | | | |

**Current Teaching Assignment (Pinagtuturuan sa Kasalukuyan)**

| School (Paaralan) | School ID | Division (Dibisyon) | Region (Rehiyon) |
|---|---|---|---|
| | | | |

| Testing Center where you intend to take QEALIS | Origin of the Registrant [Panggagalingan] | |
|---|---|---|
| | Division (Dibisyon) | Region (Rehiyon) |
| | | |

I hereby declare under oath that I have personally accomplished this Registration Form and that by affixing my name and signature below, I am certifying that all documents attached to this application is a faithful reproduction of the original, and that all statements and information provided therein are complete, true and correct to the best of my knowledge. I am assuming full responsibility and accountability on the correctness of the details provided and authenticity of the documents submitted. I am aware that any violation will automatically disqualify me and authorize the Bureau of Education Assessment (BEA) to deny my qualification as a taker of QEALIS.

Signature over Printed Name of Registrant

## FOR THE EVALUATOR ONLY

***(Do not answer this part)***

Checklist & Requirements:

- ☐ Birth Certificate/Affidavit of Live Birth
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- ☐ College OTR or diploma/ High School SF10, Form 137 or diploma
- ☐ diploma or Certificate of Completion as a Thanawi graduate

Remarks: _____

☐ QUALIFIED ☐ NOT QUALIFIED

Registration Number: _____
(Region-SDO of Registration-Number)

_____
**Name & Signature of Evaluator / Date**

(Enclosure No. 2 to DepEd Memorandum No. 057, s. 2024)

FORM 1

**QUALIFYING EXAMINATION IN ARABIC LANGUAGE AND ISLAMIC STUDIES (QEALIS)**
**LIST OF EXAMINEES**

TESTING CENTER - REGION: _____ DIVISION: _____ VENUE: _____
ADDRESS: _____ ROOM NUMBER: ____ DATE OF EXAM: _____
Registrants: No. of Males _____ No. of Females _____ Total _____
Actual: No. of Males _____ No. of Females _____ Total _____

| | Name (Last Name, Given Name, Middle Initial) | Sex | Age | If teaching, details on current assignment; otherwise, write N/A. | | | Remarks (Present/ |
|---|---|---|---|---|---|---|---|
| | | | | School | Division | Region | |
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**IMPORTANT:**

1. This will be prepared by the Regional Testing Coordinator.
2. Alphabetically sort the last names of all the registrants, males then females.
3. This must be updated by the Room Examiner on the testing day by accomplishing the remarks in the last column.
4. This will be printed one copy each for the Division Office, Examiner's Transmittal Report Envelope (ETRE), and Testing Room.

_____
Room Examiner
Signature over Printed Name