

Checklist of Requirements on Accreditation of Pre-Marriage Counselors

Name of Applicant : _____

 Address : _____

 Name of Agency/
 Office presently
 connected : _____

Put a **check** (✓) in the corresponding box if the document is **available** or (**X**) mark if **not**.

Available		List of Documentary Requirements	Remarks
		New	
	1	Certificate of graduation/college diploma or transcript of records/ certified true copy of PRC ID	
	2	Training Certificate/Certificates of seminars, orientation and other related activities to pre-marriage counseling/counseling attended or the Certified true copy of the certificate of participation/attendance, if original document is unavailable.	
	3	Certification/Endorsement from immediate supervisor and/or an Executive Order that applicant is tasked to conduct Pre-Marriage Counseling and/or other forms of counseling sessions, if applicable	
	4	Documentation of PMC sessions/ other counseling sessions conducted by the applicant covering the required number of sessions as enumerated in section VIII (<i>Qualification of PM Counselors</i>)	
	5	Other Documents	
		Accomplished MEI Form of the would-be-married couple during the validation.	
		Renewal	
	1	1. Certificates of training, seminars and other related/similar activities on topics related to PMC but not limited to Gender and Development, Human Maturity, etc.	
	2	2. Accomplishment report for the past the past year with at least a minimum of ten (10) PMC	

Available		List of Documentary Requirements	Remarks
		sessions conducted preceding the application using the template (Annex D)	
	3	3. Summary Documentation of PMC sessions conducted for the past year using the template provided by DSWD (Annex C)	
	4	4. Other Documents	
		4.1. Accomplished MEI Form of the would-be-married couple during the validation.	
		4.2. Consolidated result of client feedback/satisfaction survey	
		4.3. Summary/Records of issued PMC Certificates	

Recommendations/Action Taken:

- For endorsement/issuance
- For submission of lacking documents
- For technical assistance
- Others, please specify: _____

Reviewed / Assessed by:

Signature over Printed Name

Designation / Position

Date