



Republic of the Philippines  
Professional Regulation Commission  
Manila



**PROFESSIONAL REGULATORY BOARD OF GUIDANCE AND COUNSELING**

Resolution No. 05  
Series of 2018

**OPERATIONAL GUIDELINES ON THE IMPLEMENTATION OF RA 10912, OTHERWISE KNOWN AS "CONTINUING PROFESSIONAL DEVELOPMENT ACT OF 2016" FOR GUIDANCE COUNSELORS**

**WHEREAS**, Section 2, Article I of Republic Act (R.A.) No. 9258, otherwise known as the "Guidance and Counseling Act of 2004", provides for the policy of the state to regulate and professionalize the practice of the Guidance and Counseling profession, to wit:

**"Section 2. Declaration of Policy-** It is hereby declared a policy of the State to promote the improvement, advancement and protection of the guidance and counseling profession by undertaking and instituting measures that will result in professional, ethical, relevant, efficient, and effective guidance and counseling services for the development and enrichment of individuals and group lives."

**WHEREAS**, Section 5, Article II of R.A. No. 9258, provides for the power of the Professional Regulatory Board of Guidance and Counseling (Board) to prescribe the guidelines and criteria on the Continuing Professional Education/Development (CPE/CPD);

**WHEREAS**, under Section 15 of Article IV of R.A. No. 10912, otherwise known as Continuing Professional Development Act of 2016, the Professional Regulatory Boards are given the authority to prescribe their own requirements or procedures relating to the CPD as may be pertinent and applicable to their respective professions: *Provided*, that the same does not contravene any of the provisions of R.A. No. 10912 and Commission Resolution No. 1032, Series of 2017, or the Implementing Rules and Regulations (IRR) of R.A. No. 10912;

**WHEREAS**, In compliance with this mandate, the Board formulated its Operational Guidelines, after series of consultative meetings with its stakeholders;

**NOW THEREFORE**, the Board hereby **RESOLVED**, as it now **RESOLVES**, to formulate its own Operational Guidelines of the CPD Programs for Guidance Counselors in accordance with the provisions of RA No. 10912 and its IRR, as follows:

**Section 1. Date/s of Regular Meeting/s.** – The CPD Council, under the supervision of the Board, is hereby mandated under this Resolution to meet every second (2<sup>nd</sup>) Wednesday of the month for the purpose of evaluating the applications for accreditation as CPD provider, program, self-directed and/or lifelong learning and other CPD related matters. Special meeting may likewise be called at the instance of the CPD Council Chairperson, or upon written request of any of the Members of the CPD Council served at least three (3) days prior to the requested date of the meeting.

**Section 2. List of additional requirements for accreditation as CPD Provider.** – The list of documentary requirements for the accreditation of CPD Local and Foreign Providers as provided in Resolution No. 1032, Series of 2017, shall also include the list of possible speakers/trainors and their curriculum vitae, and, if applicable, their updated Professional Identification Cards.

Copies of Application Forms for accreditation as CPD Local and Foreign Providers are hereto attached as Annexes "A" and "B", respectively.

*J. Gasman*

*Dyosorech*

*Carde*

*Alfante*

**Section 3. List of additional requirements for accreditation for CPD Program.** –The list of documentary requirements for the accreditation of CPD Program as provided in Resolution No. 1032, Series of 2017, shall also include workshop design for each workshop to be conducted.

A copy of the Application Form for accreditation of CPD Program is hereto attached as Annex "C".

**Section 4. List of additional activities for Self-Directed and/or Lifelong Learning.** – As may be applicable to the profession, the CPD activity indicated below may also be applied for as self-directed and/or lifelong learning:

ACTIVITY	DOCUMENTS TO BE SUBMITTED IN SUPPORT TO THE APPLICATION	CREDIT UNITS
Workshop	Workshop design	1 credit unit per hour

**Section 5. CPD Provider Completion Report.** –The list of documentary requirements for the submission of Completion Report as provided in Resolution No. 1032, Series of 2017, shall also include the Attendance Sheet, with an additional column on the CPD points/units earned by each participant, based on the total number of hours attended.

A copy of Completion Report (Annex "D") and the list of participants or Attendance Sheet (Annex " E") are hereto attached.

**Section 6. Maximum Creditable Units for Self-Directed and/or Lifelong Learning.** – The maximum creditable units for self-directed and/or lifelong learning is forty-five (45) within a compliance period of three (3) years.

**Section 7. Major Areas of CPD Activities and credit units required.** – The CPD Activities shall be divided into four (4) major areas, with the corresponding required credit units:

MAJOR AREA	CREDIT UNITS REQUIRED			
	Below 60 years old	Between 60-69 years old	Between 70-79 years old	80 years old above
Ethics and Values	4	2	1	1
Standards of Professional Practice (e.g. laws, rules, PRB/CHED/DepEd issuances)	10	5	3	1
Enhancement of Professional Practice and Competence	20	12	7	2
External Factors Affecting the Profession	11	6	4	1
<b>TOTAL</b>	<b>45</b>	<b>25</b>	<b>15</b>	<b>5</b>

- 7.1. Compliance to the major areas of CPD activities shall be fully implemented on 2020.
- 7.2. During the transition period (2017-2020) compliance with the breakdown of CPD Units per area will not be required for the renewal of PIC.

*J. P. Pison*

*Stephennia*

*EMC*

*Alhambra*

**Section 8. Professional Working Overseas** – All Guidance Counselors working overseas may take programs/seminars through the foreign chapters or affiliates of accredited CPD Providers. They may also attend seminars/trainings conducted by non-accredited CPD Providers and apply for credit unit/s with CPD Council for Guidance Counselors under Self-Directed and/or Lifelong Learning track.

**Section 9. Required CPD Credit Units in a Compliance Period-** All Guidance Counselors shall be required to comply with the following CPD credit units in a compliance period of three (3) years, the implementation of which shall be gradual according to the age bracket specified below:

RENEWAL PERIOD	Minimum required Number of CPD Credit Units			
	Below 60 years old	Between 60-69 years old	Between 70 -79 years old	80 years old onwards
2018	30	15	10	2.5
2019 onwards	45	25	15	5

**Section 10. Repealing Clause** - All Resolutions, Orders, Circulars, Issuances and parts thereof which are inconsistent with this Resolution are hereby repealed or modified accordingly.

**Section 11. Effectivity** - This Resolution shall take effect after fifteen (15) days following its full and complete publication in the Official Gazette or in any major newspaper of general circulation in the country.

Let copies hereof be furnished the U.P. Law Center and for members of the CPD Council for their guidance.

Done in the City of Manila, this 18th day of October, 2018.

  
**LUZVIMINDA S. GUZMAN**  
Chairperson

  
**CARMELITA P. PABITON**  
Member

  
**ELENA V. MORADA**  
Member

Attested to:

  
**Atty. LOVELIKA T. BAUTISTA**  
Chief  
Secretariat to the Professional Regulatory Boards

Approved:



**TEOFILO S. PILANDO, JR.**  
Chairman



**YOLANDA D. REYES**  
Commissioner



**JOSE Y. CUETO, JR.**  
Commissioner



## Professional Regulation Commission


## APPLICATION FOR ACCREDITATION AS CPD PROVIDER (LOCAL)

CPD Council for GUIDANCE AND COUNSELING

<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Renewal</b>	Accreditation No. _____
		Expiry Date _____

Part I. Personal / Corporate Information	
Name of Provider: _____	
Classification:	
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Firm/Partnership/Corporation
<input type="checkbox"/> Government Institution/Agency	
Address: _____	
Telephone No.: _____	Fax No.: _____
E-mail Address: _____	Website: _____
Contact Person: _____	Contact No.: _____
Part II. Acknowledgment and Conformance	
<p>I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.</p> <p>I am agreeing to the PRC Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.</p>	
<p style="text-align: center;">_____ Signature Over Printed Name</p> <p style="text-align: center;">_____ Position</p> <p style="text-align: center;">_____ Date</p>	
Part III. Action Taken	
<b>Regulation Division:</b>  Processed by : _____ Date : _____	<b>Cash Division:</b>  Amount : _____ O.R.No./Date : _____ Issued by : _____
<b>Reviewed by:</b>  <p style="text-align: center;">_____ Chief, Regulation Division</p>	
<b><u>ACTION TAKEN BY THE CPD COUNCIL</u></b>	
<input type="checkbox"/> Approved Accreditation No. _____ <input type="checkbox"/> Deferred pending compliance _____ <input type="checkbox"/> Disapproved due to _____ _____	
_____ Chairperson	
_____ Member	_____ Member
Date _____	



	<b>Professional Regulation Commission</b>
<b>APPLICATION FOR ACCREDITATION OF CPD PROGRAM</b>	

## CPD Council for **GUIDANCE AND COUNSELING**

Part I. General Information	
Name of Provider:	
Accreditation No.:	Expiration Date:
Contact Person:	Designation:
Contact No.:	Date of Application:
Proposed Program: <input type="checkbox"/> Seminar <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Residency Training <input type="checkbox"/> Tours & Visits <input type="checkbox"/> Others	
Title of the Program:	
Date to be offered:	Time / Duration:
Place / Venue:	No. of times program to be conducted:
Course Description:	
Objectives:	
Target Participants / No.:	Registration / Seminar Fee to be collected:
Part II. Acknowledgment	
I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.	
I am agreeing to the PRC Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.	
_____ Signature Over Printed Name	
_____ Position	
_____ Date	
Part III. Action Taken	
<b>Regulation Division:</b>  Processed by: _____ Date : _____	<b>Cash Division:</b>  Amount : _____ O.R.No./Date : _____ Issued by : _____
<b>Reviewed by:</b>  _____ Chief, Regulation Division	
<b><u>ACTION TAKEN BY THE CPD COUNCIL</u></b>	
<input type="checkbox"/> Approved for ____ Credit Units      Accreditation No. _____ <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred pending compliance _____	
_____ Chairperson	
_____ Member	_____ Member
Date _____	



## Professional Regulation Commission

## COMPLETION REPORT ON CPD PROGRAM

CPD Council for **GUIDANCE AND COUNSELING****Part I. General Information**

Name of Provider:

Accreditation No.:

Expiry Date:

Contact Person:

Designation:

Contact No.:

**Part II. Program Accreditation**

Title of the Program:

Accreditation No.:

Date of Accreditation:

Date Started:

Date Completed:

Place / Venue:

Total Number of Participants:

Date Applied:

Executive Summary:

**Part III. Acknowledgment and Conformance**

I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.

I am agreeing to the PRC Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date





## Professional Regulation Commission

**ATTENDANCE SHEET**CPD Council for **GUIDANCE AND COUNSELING**

<b>Title of the Program:</b>	
<b>Date:</b>	<b>Place/ Venue:</b>
<b>Total Number of Participants:</b>	

No.	Name	SIGNATURE	PRC License No.	Expiry Date	CPD Credit Units Earned
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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CERTIFIED CORRECT BY:

\_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_

Position

\_\_\_\_\_

Date