	ENERGY EFFICIENCY AND CONSERVATION PROGRAM MANAGEMENT AND TECHNOLOGY PROMOTION DIVISION		
	QUALITY MANAGEMENT SYSTEM FORMS MANUAL	Doc. ID	EPMPD-QF-01
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CHECKLIST OF REQUIREMENTS FOR CARE APPLICANT

- ☐ Letter of Intent;
- ☐ One (1) Certified True Copy of Proof of Recognition from the Commission on Higher Education (CHED)
- ☐ One (1) Certified True Copy of Certificate of Accreditation as AREC (for Accredited AREC)
- ☐ One (1) Copy of Proof of Ownership/Lease CARE's office
- ☐ One (1) Original Copy of List of Personnel Complement
- ☐ One (1) Original Copy of List of On-going, Completed and/or Published Researches on Energy;
- ☐ One (1) Original Copy of Fund Complement
- ☐ One (1) Certified True Copy of Certificate of Program Compliance for Energy Related Courses (For State Universities and Colleges)
- ☐ One (1) Certified True Copy of Certificate of Government Recognition for energy related courses (For Private Institutions Universities and Colleges)
- ☐ One (1) Certified True Copy of Business Registration
- ☐ One (1) Certified True Copy of Business Permits.

Type of Application : ☐ New ☐ Renewal

CARE APPLICATION FORM


CARE PROFILE

Name of Higher Educational Institution (HEI) : _____
 Address : _____
 Primary Contact Name : _____
 Secondary Contact Name : _____
 Telephone Number : _____
 Contact number : _____
 E-mail address : _____
 Website (if any) : _____

Assurances:

By signing this application form and this set of assurances, I hereby acknowledge the following conditions of the Department of Energy (DOE) and agree to abide by them if this application is accredited:

- I agree to submit complete accreditation requirement documents and to abide by the accreditation and certification of CARE.
- I hereby authorize the DOE to make direct inquiries to any person, firm, or organization named in the application to verify the information submitted herein.

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3. I hereby consent to the processing of our institution's information that will be collected and stored by the DOE in accordance with the Data Privacy Act and that the same will be shared with DOE as part of the processing of my accreditation for CARE Institution.
4. I further agree that if we provide false or misleading information on our application form or otherwise fail to demonstrate that we have sufficient experience or qualifications to perform as CARE Institutions, the DOE has the right to suspend my recognition without prior notice.
5. I, the undersigned, hereby apply for the recognition with the DOE and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/information are true and correct.
6. I consent to posting my basic information on the DOE website once my application is approved/signed subjected to the Data Privacy Act.
7. I hereby warrant that I am duly authorized to represent the aforementioned HEI by virtue of the power vested upon me by existing laws and/or issued document¹ (i.e., *Board Resolution, Special/Assignment Orders, By-Laws and etc.*) attached herein.

NAME OF REPRESENTATIVE : _____

POSITION : _____

SIGNATURE : _____

DATE : _____

¹ *Board Resolutions or Special/Assignment Orders* may not be required if the HEI is represented by its President/Chairman.