DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM

Pls. Accomplish in duplicate:

Original
Dr. JPRMA Organizing Committee
Duplicate
Component Society File
- Speciality Division, Specialty and Affiliate Society

To: The Organizing Committee of the Dr. Jose P. Rizal Memorial Awards
From: PMA Component Medical Society: ________________________________
Date: _____________________

We respectfully endorse the nomination of
______________________________________________________________, M.D.
a resident of __________________________________________________.

The above nominee is a licensed physician and a member of the Philippine Medical Association with PRC Number ________________________ issued on __________
and expiring on ________________________.

The nominee is an a member of good standing since__________
and holds a PMA card number __________________________ which expires on
__________________.

☐ Community Leadership  ☐ Clinical Practice
☐ Government Service  ☐ Academe  ☐ Research

__________________________________________
(Signature over printed name)
President, PMA Component Medical Society

__________________________________________
(Signature over printed name)
President, Specialty Division, Specialty and Affiliate Society
DR. JOSE P. RIZAL MEMORIAL AWARDS
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- Specialty Division, Specialty and Affiliate Society

To : The Organizing Committee of the Dr. Jose P. Rizal Memorial Awards

From : PMA Component Medical Society: ________________________________

Date : ____________________

We respectfully endorse the nomination of
______________________________, M.D.
a resident of ________________________________.

The above nominee is a licensed physician and a member of the Philippine
Medical Association with PRC Number ____________ issued on ____________
and expiring on ________________.

The nominee is a member of good standing since__________
and holds a PMA card number __________________ which expires on
______________.

☐ Community Leadership ☐ Clinical Practice
☐ Government Service ☐ Academe ☐ Research

__________________________
(Signature over printed name)
President, PMA Component Medical Society

__________________________
(Signature over printed name)
President, Specialty Division, Specialty and Affiliate Society
NOMINATION: BASIC CRITERIA

1. Nominee must be a FILIPINO CITIZEN.
2. A PHYSICIAN duly licensed to practice Medicine in the Philippines.
3. An ACTIVE MEMBER of PMA
4. If nominated by any specialty, sub-specialty, affiliate society, or outside institution, a written endorsement from the local PMA Component Medical Society is a must.
5. Nominee has not been convicted of any crime involving moral turpitude.
6. Nominee has been in active medical practice for at least 2 years prior to the nomination

CATEGORY CRITERIA & RATING GUIDE

1. COMMUNITY LEADERSHIP
   Community, Socio-cultural and Religious Involvement  50%
   Government service/ partnership  10%
   Professional Practice, Experience and Training  10%
   Academe Involvement  10%
   Research and Scholarly Works  10%
   Excellence in other fields of endeavor  10%
   Total  100%

2. GOVERNMENT SERVICE
   Government Service, Experience and Training  50%
   Community, Socio-cultural and Religious Involvement  10%
   Professional Practice, Experience and Training  10%
   Academe Involvement  10%
   Research and Scholarly Works  10%
   Excellence in other fields of endeavor  10%
   Total  100%

3. OUTSTANDING IN CLINICAL PRACTICE
   Clinical Practice, Experience and Training  50%
   Research and Scholarly Works  10%
   Community, Socio-cultural and Religious Involvement  10%
   Government Service, partnership  10%
   Academe Involvement  10%
   Excellence in other fields of endeavor  10%
   Total  100%
4. ACADEME

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<tr>
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<th>Percentage</th>
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<td>Professional Practice, Experience and Training</td>
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<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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5. RESEARCH

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<tr>
<td>Academe Involvement</td>
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<td>Community, Socio-cultural and Religious Involvement</td>
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<td>10%</td>
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<tr>
<td><strong>Total</strong></td>
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PRIZES

A. FIVE CATEGORY WINNERS

- A Specially-designed Dr. Jose P. Rizal Memorial Awards Trophy
- A Specially-designed Dr. Jose P. Rizal Memorial Awards Medallion
- A trip to United States of America to attend the American Academy of Family Physicians convention. (inclusive of registration, round trip air-fares, hotels.)
- P100,000.00 worth of Unilab Medicines to be donated to any charitable institution of choice by the Awardees.

B. CATEGORY FINALISTS

- A Specially-designed Dr. Jose P. Rizal Memorial Awards Medallion
- P50,000.00 worth of Unilab Medicines to be donated to any charitable institution of choice by the finalists.
IMPORTANT INFORMATION

1. Program Mechanics and Nomination forms are available in any of the following offices:
   - PMA Secretariat
   - Component Medical Society Secretariat
   - Specialty Division, Specialty and Affiliate Secretariat
   - Unilab Professional Relations Management Division
2. Previous nominees who did not win can be nominated again
3. Winner of one category can be nominated to another category.
4. Deadline for submission of nominations shall be on December 30, 2017, and addressed to the PMA Secretariat, North Avenue, Quezon City
5. Please submit 3 copies of your nomination form together with your supporting documents
6. Screening of nomination forms and materials will be on January 2018 at the PMA Board Room.
7. Final judging will be done by a distinguished 15 – member panel of judges composed of health, religious, academe and civic leaders from the government and private sectors.
8. Awarding ceremony will be held during the 111th PMA Annual Convention on May, 2018.
9. For more information, please contact any of the following:
   - PMA Secretariat – Tel # 929-6366 / 09178221357
   - Glicerio Cecilio G. Alincastre, M.D. – 09209606498
   - Professional Relations Management Division, United Laboratories, Inc.

ATTACHMENTS

The following must be attached to the nomination form:
1. Latest/Updated Curriculum Vitae
2. Photocopies of:
   - Diploma, Graduate units, etc
   - Certificates / Diplomas of attendance in relevant seminars, symposia, workshops, etc.
   - Appointment papers
   - PTR, License to Practice
   - Professional Leadership Awards
   - Community services, projects, awards
   - Published articles and the pertinent Table of Contents of journal or any publication
3. Two (2) recent passport-size colored pictures

NOTE: To facilitate the evaluation of documents, please arrange them properly according to the criteria. Please add extra pages if needed.
EXECUTIVE SUMMARY TO BE DONE BY THE NOMINATOR
CRITERIA FOR NOMINEE

1. **PMA MEMBERSHIP**
   A. PMA No. ------------------------
   B. PHILHEALTH No. ------------------------

II. **EDUCATIONAL, ACADEMIC & PROFESSIONAL BACKGROUND**
   *(Including Specialty and/or Sub-specialty Training of Distinction)*

A. **SCHOLASTIC RECORD**
   1. **Academic Degree**
      a. Preparatory Medicine
         Degree Earned ___________________________________________________
         Institution/School Attended _______________________________________
         Year ________________
         Honors/Distinction (if any) ______________________________________
      b. Medicine Proper
         Degree Earned ___________________________________________________
         Institution/School Attended _______________________________________
         Year ________________
         Honors/Distinction (if any) ______________________________________
      c. Postgraduate Studies/Units
         Degree Earned ___________________________________________________
         Institution/School Attended _______________________________________
         Year ________________
   2. **Government Licensure Exams Taken**
      __________________________________________ Year ________________
      __________________________________________ Year ________________
      __________________________________________ Year ________________
   3. **Residency Training (if any)**
      Specialty __________________________________________ Year ________________
      Institution/Hospital __________________________ Year ________________
      Year ________________
      Honors/Distinction (if any) __________________________
   4. **Diplomate Training/Examinations**
      __________________________________________ Year ________________
      __________________________________________ Year ________________
   5. **Fellowship Training/Examinations**
      __________________________________________ Year ________________
      __________________________________________ Year ________________

B. **Professorial/Teaching Experience**
   School __________________________________________ Year ________________
   Highest Academic Rank Obtained __________________________
   Recognition/awards __________________________________________

C. **Administrative Experience**
   Institution/Organization __________________________ Position __________ Year ________________
D. Professional Practice

1. Private Institution/Organization
   Category | Position | Year
   __________________________ | __________ | __________
   __________________________ | __________ | __________

2. Government – Certificates of Employment with dates of appointments.
   Category | Position | Year
   __________________________ | __________ | __________
   __________________________ | __________ | __________

NOTE: Please include PES rating for the last 5 years from the government Institution/Organization

3. Awards or recognitions

III. RESEARCH, CREATIVE WORK, PUBLICATIONS, PROFESSIONAL STANDING, RECOGNITION AND ACHIEVEMENTS

A. Publications

1. Published journal articles/research works
   A. International Journal/Publication
      Category | Title | Date
      __________________________ | __________ | __________
   B. National
      Category | Title | Date
      __________________________ | __________ | __________
   C. Local
      Category | Title | Date
      __________________________ | __________ | __________

2. Unpublished journal articles/research works
   A. International Journal/Publication
      Category | Title | Date
      __________________________ | __________ | __________
   B. National
      Category | Title | Date
      __________________________ | __________ | __________
   C. Local
      Category | Title | Date
      __________________________ | __________ | __________

3. Published Books/Articles/Newsletters
   A. Sole authorship/Editor
      Category | Year
      __________________________ | __________
   B. Co-author/Assistant Editor
      Category | Year
      __________________________ | __________
   C. Translator
      Category | Year
      __________________________ | __________
   D. Reviser
      Category | Year
      __________________________ | __________
   E. Reviewer
      Category | Year
      __________________________ | __________

4. Scientific or Technological Inventions/Contributions
   A. International Significance/Application
      Category | Year
      __________________________ | __________
   B. National Significance/Application
      Category | Year
      __________________________ | __________
   C. Local Significance/Application
      Category | Year
      __________________________ | __________
D. Patents Obtained
1. International application
   __________________________________________ Year _______________________
2. National application
   __________________________________________ Year _______________________
E. Documented Discoveries
   __________________________________________ Year _______________________

5. Delivered/Published Papers/Lectures/Speeches
A. International
   __________________________________________ Year _______________________
B. National
   __________________________________________ Year _______________________
C. Local
   __________________________________________ Year _______________________

6. Creative Endeavors/Production
A. Distinguished Performance (Drama, singing, dancing, oratorical, etc.)
   __________________________________________ Year _______________________
B. Original Design
   __________________________________________ Year _______________________
C. Published/Acknowledged Work of Art
   __________________________________________ Year _______________________
D. Exhibited Art Works
   One man
   __________________________________________ Year _______________________
   Group show
   __________________________________________ Year _______________________

7. Affiliation/Membership in Professional Organizations
   a. Officer
      Position Year
      International
      National
      Local
   b. Member in good standing
      International
      National
      Local
   c. Professional Honors/Achievements/ Awards
      Awarding Institution Awards ReceiveDate
      International
      National/Regional

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8. Consultancy

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<tr>
<th>Institution</th>
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<th>Occasion</th>
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A. Guest Appearance in Medical Programs

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<tr>
<th>International Coverage</th>
<th>Year</th>
<th>National Coverage</th>
<th>Year</th>
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IV. COMMUNITY AND EXTENSION SERVICES

A. Community Service

1. Organizer/Project Head

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2. Consultancy/Resource Person

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<th>Year</th>
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3. Participant

| |
| |

B. Humanitarian/Relief Mission

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<th>Year</th>
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C. Extension Service

1. Seminars/Workshops/Conventions Attended/Participated

A. Organizer

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B. Chairman of Working Committee

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C. Speaker/Paper Presenter

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D. Coordinator/Facilitator/Member, Working Committee

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<th>Year</th>
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E. Reactor/Rapporteur/Panelist

<table>
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<tr>
<th>International</th>
<th>Year</th>
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F. Community Projects implemented

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V. OTHER QUALIFICATIONS

A. Languages/ Dialects Spoken

B. Cultural/Educational Travels

C. Excellence in Sports, etc.

D. Artistic, Cultural, Novelty and Exotic Collection

E. Religious/CIVIC Involvement/Participation

Dr. Jose P. Rizal came from an illustrious and distinguished Mercado, Rizal and Alonzo families.

A Personal and family background of the nominee is.

Nominee’s Full Name

Residence Address

Telephone Number/s

Place of Birth

Date of Birth

Present Age

Citizenship

Civil Status

Spouse’s Name

Father’s Name

Mother’s Name

Number of Children with Educational Attainment

__________________________________________________________________________________