

**DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM**

Pls. Accomplish in duplicate:

Original -Dr. JPRMA Organizing Committee
Duplicate -Component Society File
-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 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
OFFICIAL NOMINATION FORM**

Pls. Accomplish in duplicate:

Original -Dr. JPRMA Organizing Committee
Duplicate -Component Society File
-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 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

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 charged with nor convicted of any crime involving moral turpitude.
6. Nominee has been in active medical practice for at least 1 to 2 years prior to the nomination
7. Nominee must not be working with any local or international pharmaceutical company in any official capacity.

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

4. ACADEME

<i>Academe Involvement</i>	50%
<i>Research and Scholarly Works</i>	10%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Government service/partnership</i>	10%
<i>Professional Practice, Experience and Training</i>	10%
<i>Excellence in other fields of endeavor</i>	<u>10%</u>
Total	100%

5. RESEARCH

<i>Research and Scholarly Works</i>	50%
<i>Academe Involvement</i>	10%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Professional Practice, Experience and Training</i>	10%
<i>Government service/partnership</i>	10%
<i>Excellence in other fields of endeavor</i>	<u>10%</u>
Total	100%

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, 2016, 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 2017 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 110th PMA Annual Convention on May, 2017.*
9. *For more information, please contact any of the following:*
 - *PMA Secretariat - Tel # 929-6366 / 09178221357*
 - *Benjamin Alaban, M.D. - 09088736569*
 - *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 -----

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

<i>Institution/Organization</i>	<i>Position</i>	<i>Year</i>
-----	-----	-----
-----	-----	-----

2. Government – Certificates of Employment with dates of appointments.

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

<i>Institution/Organization</i>	<i>Position</i>	<i>Year</i>
-----	-----	-----
-----	-----	-----

3. Awards or recognitions -----

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

A. Publications

1. Published journal articles/research works

A. International

<i>Journal/Publication</i>	<i>Title</i>	<i>Date</i>
-----	-----	-----

B. National

-----	-----	-----
-------	-------	-------

C. Local

-----	-----	-----
-------	-------	-------

2. Unpublished journal articles/research works

A. International

<i>Journal/Publication</i>	<i>Title</i>	<i>Date</i>
-----	-----	-----

B. National

-----	-----	-----
-------	-------	-------

C. Local

-----	-----	-----
-------	-------	-------

3. Published Books/Articles/Newsletters

A. Sole authorship/Editor

-----	<i>Year</i> -----
-------	-------------------

B. Co-author/Assistant Editor

-----	<i>Year</i> -----
-------	-------------------

C. Translator

-----	<i>Year</i> -----
-------	-------------------

D. Reviser

-----	<i>Year</i> -----
-------	-------------------

E. Reviewer

-----	<i>Year</i> -----
-------	-------------------

4. Scientific or Technological Inventions/Contributions

A. International Significance/Application

-----	<i>Year</i> -----
-------	-------------------

B. National Significance/Application

-----	<i>Year</i> -----
-------	-------------------

C. Local Significance/Application

-----	<i>Year</i> -----
-------	-------------------

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*

	<i>Position</i>	<i>Year</i>
<i>International</i>	-----	-----
<i>National</i>	-----	-----
<i>Local</i>	-----	-----

b. *Member in good standing*

<i>International</i>	-----	-----
<i>National</i>	-----	-----
<i>Local</i>	-----	-----

c. *Professional Honors/Achievements/ Awards*

	<i>Awarding Institution</i>	<i>Awards ReceiveDate</i>
<i>International</i>	-----	-----
<i>National/Regional</i>	-----	-----

d. *Managerial Work*

a. *Government*

Level

Position

Year

National -----

Regional -----

Local -----

8. *Consultancy*

Institution

Year

A. *Guest Appearance in Medical Programs*

Occasion

Year

International Coverage -----

National Coverage -----

IV. COMMUNITY AND EXTENSION SERVICES

A. *Community Service*

1. *Organizer/Project Head*

Year

2. *Consultancy/Resource Person*

Year

3. *Participant*

B. *Humanitarian/Relief Mission*

Year

C. *Extension Service*

1. *Seminars/Workshops/Conventions Attended/Participated*

A. *Organizer*

Year

International Level -----

National Level -----

Local/Institution Level -----

B. *Chairman of Working Committee*

Year

International Level -----

National Level -----

Local/Institution Level -----

C. *Speaker/Paper Presenter*

Year

International Level -----

National Level -----

Local/Institution Level -----

D. *Coordinator/Facilitator/Member, Working Committee*

Year

International Level -----

National Level -----

Local/Institution Level -----

E. Reactor/Rapporteur/Panelist

	<i>Year</i>
<i>International</i> _____	_____
<i>National level</i> _____	_____
<i>Local/institution level</i> _____	_____

F. Community Projects implemented

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 _____
