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 Affiliates 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  ☐ Research

☐ Government Service  ☐ Academe

__________________________________________
(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
-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  10%
   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  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. ACADEMIE

Academie Involvement 50%
Research and Scholarly Works 10%
Community, Socio-cultural and Religious Involvement 10%
Government service/partnership 10%
Professional Practice, Experience and Training 10%
Excellence in other fields of endeavor 10%

Total 100%

5. RESEARCH

Research and Scholarly Works 50%
Academie Involvement 10%
Community, Socio-cultural and Religious Involvement 10%
Professional Practice, Experience and Training 10%
Government service/partnership 10%
Excellence in other fields of endeavor 10%

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,)
• Ph100,000.00 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 31, 2015, 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 2016 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 109th PMA Annual Convention on May 20, 2016.**
9. For more information, please contact any of the following:
   - PMA Secretariat – Tel # 929-6366 / 09178221357
   - Annette M. Macayaon, M.D. – 09177215015
   - 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

I. 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**
   - Position
   - Year

2. **Government**
   - Certificates of Employment with dates of appointments.
   
   NOTE: Please include PES rating for the last 5 years from the government Institution/Organization

   - Position
   - Year

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
     - Title
     - Date
   - B. National
   - C. Local

2. **Unpublished journal articles/research works**
   - A. International
     - Journal/Publication
     - Title
     - Date
   - B. National
   - C. Local

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

4. **Scientific or Technological Inventions/Contributions**
   - A. International Significance/Application
     - Year
   - B. National Significance/Application
     - Year
   - C. Local Significance/Application
     - 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 Receive Date
   International
   ___________________ ________  ________
   National/Regional
   ___________________ ________  ________
### d. Managerial Work

#### a. Government Level

<table>
<thead>
<tr>
<th>Position</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td></td>
</tr>
</tbody>
</table>

### 8. Consultancy

<table>
<thead>
<tr>
<th>Institution</th>
<th>Year</th>
<th>Occasion</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A. Guest Appearance in Medical Programs

<table>
<thead>
<tr>
<th>International Coverage</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Coverage</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV. COMMUNITY AND EXTENSION SERVICES

#### A. Community Service

1. Organizer/Project Head

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Consultancy/Resource Person

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Participant

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Humanitarian/Relief Mission

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Extension Service

1. Seminars/Workshops/Conventions Attended/Participated

   A. Organizer

<table>
<thead>
<tr>
<th>International Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local/Institution Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   B. Chairman of Working Committee

<table>
<thead>
<tr>
<th>International Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local/Institution Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   C. Speaker/Paper Presenter

<table>
<thead>
<tr>
<th>International Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local/Institution Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   D. Coordinator/Facilitator/Member, Working Committee

<table>
<thead>
<tr>
<th>International Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local/Institution Level</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. Reactor/Rapporteur/Panelist

<table>
<thead>
<tr>
<th>International</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>National level</td>
<td></td>
</tr>
<tr>
<td>Local/institution level</td>
<td></td>
</tr>
</tbody>
</table>

F. Community Projects implemented

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Nominee’s Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Civil Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children with Educational Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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