



PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA!"

Member : World Medical Association (WMA)
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)
Medical Association of Southeast Asian Nations (MASEAN)

Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
Telephone Numbers: (632) 929-7361; 929-6366; 926-2447 Fax: (632) 929-6951
Mobile Numbers: 0927-5806903; 0947-2994782 (Membership)
0917-8221357; 0918-9234732 (Secretariat)

Email: philmedas@yahoo.com; philmedas@gmail.com; info@philippinemedicalassociation.org;

Website: www.philippinemedicalassociation.org

NATIONAL OFFICERS 2018-2019

JOSE P. SANTIAGO JR., MD
President

BENITO P. ATIENZA, MD
Vice President

CHRISTINE S. TINIO, MD
National Treasurer

BENJAMIN M. ALABAN, MD
Secretary General

BOARD OF GOVERNORS

MARTIN HEGINIO C. QUERUBIN, MD
Northeastern Luzon

FELIPE GOZAR L. DUQUE, MD
Northwestern Luzon

WILFREDO F. BATOL, MD
Central Luzon

ALEJANDRO Y. TAN, MD
Manila

NORMA M. TORREGOZA, MD
Quezon City

CORAZON E. LEYVA, MD
Rizal

JOSE FLORENCIO F. LAPENA JR., MD
Central Tagalog

NILO M. ALCOREZA, MD
Southern Tagalog

MA. HUMILDE B. JANABAN, MD
Bicol

ERLINDA G. DE LOS REYES, MD
Western Visayas

MARLON T. CO, MD
Central Visayas

REALINO G. MOLINA, MD
Eastern Visayas

APRIL R. LOPEZ, MD
Western Mindanao

DURES FE E. TAGAYUNA, MD
Northern Mindanao

DANTE T. EUGENIO, MD
Southeastern Mindanao

GRACE MARILOU L. VEGA, MD
Northcentral Mindanao

ADAH JUNE C. ROBLES, MD
Caraga

MEMORANDUM CIRCULAR NO. 2018-07-26-008

TO : PMA NATIONAL OFFICERS AND BOARD OF GOVERNORS,
COMPONENT SOCIETY PRESIDENTS
SUBJECT : REMINDER ON SUBMISSION OF PMA MEDICINE WEEK
ACTIVITIES FOR PRC CPD UNITS APPLICATION
DATE : JULY 26, 2018

Dear Doctors,

Warmest greetings and peace!

This is to inform you that our 61st PMA Medicine Week Celebration will be on September 23 – 29, 2018. In line with this, your events/activities during that time can be applied for corresponding CPD units. Attached herewith is the PRC form on applying for accreditation of CPD Program. The deadline for the submission of the said application is on or before August 3, 2018. For any assistance you may call at (02) 929-7361 local 108 or 0915 132 1638 and look for Mr. Jep Paguio.

Please be guided accordingly.

Thank you!

Very truly yours,

BENJAMIN M. ALABAN, MD
Secretary-General

Noted:


JOSE P. SANTIAGO JR., MD
President



Professional Regulation Commission

APPLICATION FOR ACCREDITATION OF CPD PROGRAM

CPD Council for _____

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. _____ Signature Over Printed Name _____ Position _____ Date	SUBSCRIBED AND SWORN to before me this ____ day of _____ 20__ at _____, affiant exhibited to me his/her valid government issued ID _____ issued at _____ on _____. _____ (Notary Public)
Part III. Action Taken	
Continuing Professional Development Section: Processed by: _____ Date : _____	Cash Division: Amount : _____ O.R.No./Date : _____ Issued by : _____
Reviewed by: _____ _____ Chief, Regulation Division	
ACTION TAKEN BY THE CPD COUNCIL <input type="checkbox"/> Approved for ____ Credit Units Accreditation No. _____ <input type="checkbox"/> Disapproved <input type="checkbox"/> Deferred pending compliance _____ _____ Chairperson _____ Member _____ Date _____ Member	

PROCEDURE FOR ACCREDITATION OF CPD PROGRAM

- Step 1. Secure Application Form at Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices, or download at PRC website (www.prc.gov.ph).
- Step 2. Fill-out Application Form and comply the required documents.
(Please provide one (1) set for receiving copy)
- Step 3. Proceed to Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices for evaluation and assessment.
- Step 4. Pay prescribed fee (in cash, Postal Money Order, Manager's Check, Bank Draft payable to Professional Regulation Commission) of One Thousand Pesos (P 1,000.00).
- Step 5. Submit Application Form with attached supporting documents and photocopy of official receipt to Window 15, 16, or 17 of the Registration Division, PRC-PICC, or at any of the Regional Offices.
- Step 6. Verify your application after ___ days from time of submission by calling telephone numbers: 310-10-48 (PRC-Main)/810-84-15 (PRC-PICC), or email at prc.cpdsecretariat@gmail.com

CHECKLIST OF REQUIREMENTS

SUPPORTING DOCUMENTS

- ☐ Specific course Objectives stating competencies to be gained from program
- ☐ Evaluation tool specific to course objectives set
- ☐ Program of Activities showing time/duration of topics/workshop
- ☐ Resume of Speakers for program applied for, showing expertise in the topic/s; show certificates or citations (if any)
- ☐ Current Prof. ID of speaker if registered professional; if foreigner, current Special Temporary Permit (if applicable)
- ☐ Breakdown of expenses for the conduct of the program

Additional Requirements:

- ☐ Short brown envelope for the Certificate of Accreditation
- ☐ One set of metered documentary stamps worth Twenty-Five Pesos (P25.00) to be affixed to the Certificate of Accreditation. (Available at PRC Customer Service and PRC Regional Offices)
- ☐ Soft copy of the Application including supporting attachments in PDF format saved in CD.
- ☐ Pre-paid pouch (preferably from Philpost) for applications filed in Regional Offices only.

Note:

1. Application for accreditation should be filed 45 days before the offering of the program/training.
2. Representative/s filing application/s for accreditation and claiming the Certificate of Accreditation in behalf of the applicant must present a letter of authorization and valid identification cards of both the authorized signatory and the representative.
3. The period for processing the application is 45 days.
4. If additional requirement/s is/are needed, a period of 15 days is given to submit the same. Failure to comply within the period shall be construed as abandonment of application and the prescribed fee shall be forfeited in favor of the government.