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 ☐ Research

☐ Government Service ☐ Academe

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

_________________________________________________________
(Signature over printed name)
President, Specialty Division, Specialty and Affiliate Society
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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
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, 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. ACADEME

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Research and Scholarly Works</td>
<td>50%</td>
</tr>
<tr>
<td>Academe Involvement</td>
<td>10%</td>
</tr>
<tr>
<td>Community, Socio-cultural and Religious Involvement</td>
<td>10%</td>
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<tr>
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<td>10%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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5. RESEARCH

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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 cash prize of One Hundred Fifty Thousand Pesos (P150,000.00)
   - 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, 2018, 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 2019 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 112nd PMA Annual Convention on May, 2019.

9. For more information, please contact any of the following:
   - PMA Secretariat – Tel # 929-6366 / 09178221357
   - Nilo M Alcoreza, M.D. – 09177949512
   - 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 ____________
      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
   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                        Position                        Year
      National                    ----------------              ----------------
      Regional                    ----------------              ----------------
      Local                       ----------------              ----------------

8. Consultancy
   Institution                        Year
   A. Guest Appearance in Medical Programs
      Occasion                      ----------------
      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
         International Level        ----------------
         National Level              ----------------
         Local/Institution Level      ----------------
      C. Speaker/Paper Presenter
         International Level        ----------------
         National Level              ----------------
         Local/Institution Level      ----------------
      D. Coordinator/Facilitator/Member, Working Committee
         International Level        ----------------
         National Level              ----------------
         Local/Institution Level      ----------------
E. Reactor/Rapporteur/Panelist

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