DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM

Pls. Accomplish in duplicate:

Original
-Dr. JPRMA Organizing Committee
-Duplicate
-Component Society File
-Organizing Committee
-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
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We respectfully endorse the nomination of
______________________________________________________________________, M.D.
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Medical Association with PRC Number __________ issued on __________
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_______________.

☐ 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
   - Government service/ partnership
   - Professional Practice, Experience and Training
   - Academe Involvement
   - Research and Scholarly Works
   - Excellence in other fields of endeavor
   Total 100%

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

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

4. ACADEME
   - Academe Involvement
   - Research and Scholarly Works
   - Community, Socio-cultural and Religious Involvement
   - Government service/partnership
   - Professional Practice, Experience and Training
   - Excellence in other fields of endeavor
   Total 100%
5. RESEARCH

Research and Scholarly Works 50%
Academe 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 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 January 3, 2020, 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 February 26, 2020 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 113th PMA Annual Convention on May 22, 2020.
9. For more information, please contact any of the following:
   • PMA Secretariat – Tel # 929-6366 / 09178221357
   • Ma. Rhoda C. Goco, M.D. – 09189038846
   • 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 ________________________________
      Institution/Hospital _____________________
      Year ____________________________________
      Honors/Distinction (if any) ______________

   4. Diplomate Training/Examinations
      ___________________________________________ Year _____________
      ___________________________________________ Year _____________

   5. Fellowship Training/Examinations
      ___________________________________________ Year _____________
      ___________________________________________ Year _____________

   B. **Professorial/Teaching Experience**
      School ________________________________
      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 ____________________________________________

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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
      International
      ___________________________ Position ___________________________ Year _____________
      National
      ___________________________ Position ___________________________ Year _____________
      Local
      ___________________________ Position ___________________________ Year _____________

   b. Member in good standing
      International
      ___________________________ Position ___________________________ Year _____________
      National
      ___________________________ Position ___________________________ Year _____________
      Local
      ___________________________ Position ___________________________ Year _____________

   c. Professional Honors/Achievements/Awards
      ___________________________ Awarding Awarding
      ___________________________ Institution Institution
      ___________________________ Receive Date
      International
      ___________________________ Position ___________________________ Year _____________
      National/Regional
      ___________________________ Position ___________________________ Year _____________

   d. Managerial Work
      a. Government
         Level
         National
         ___________________________ Position ___________________________ Year _____________
         Regional
         ___________________________ Position ___________________________ Year _____________
         Local
         ___________________________ Position ___________________________ Year _____________

8. Consultancy
   ___________________________ Institution ___________________________ Year _____________
   A. Guest Appearance in Medical Programs
      ___________________________ Occasion ___________________________ Year _____________
      International Coverage
      ___________________________ Position ___________________________ Year _____________
      National Coverage
      ___________________________ Position ___________________________ Year _____________

IV. COMMUNITY AND EXTENSION SERVICES
A. Community Service
   1. Organizer/Project Head
      ___________________________ Position ___________________________ Year _____________
   2. Consultancy/Resource Person
      ___________________________ Position ___________________________ Year _____________
   3. Participant
      ___________________________ Position ___________________________ Year _____________

   B. Humanitarian/Relief Mission
      ___________________________ Position ___________________________ Year _____________
C. Extension Service
1. Seminars/Workshops/Conventions Attended/Participated
   A. Organizer
      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
      International
      National level
      Local/institution level
   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