

**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

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(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**

<b>1. COMMUNITY LEADERSHIP</b>	
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%
<b>2. GOVERNMENT SERVICE</b>	
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%
<b>3. OUTSTANDING IN CLINICAL PRACTICE</b>	
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%
<b>4. ACADEME</b>	
Academe 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	<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>	10%
<b>Total</b>	<b>100%</b>

### 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 113<sup>th</sup> 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**

**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

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 -----

----- 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*
- |                 | <i>Position</i> | <i>Year</i> |
|-----------------|-----------------|-------------|
| <i>Level</i>    | -----           | -----       |
| <i>National</i> | -----           | -----       |
| <i>Regional</i> | -----           | -----       |
| <i>Local</i>    | -----           | -----       |
8. *Consultancy*
- |       | <i>Institution</i> | <i>Year</i> |
|-------|--------------------|-------------|
| ----- | -----              | -----       |
- A. *Guest Appearance in Medical Programs*
- |                               | <i>Occasion</i> | <i>Year</i> |
|-------------------------------|-----------------|-------------|
| <i>International Coverage</i> | -----           | -----       |
| <i>National Coverage</i>      | -----           | -----       |

**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

Year

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 -----  
-----