



PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA! BUILDING THE FUTURE TODAY."

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)

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Website: www.philippinemedicalassociation.org

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MEMORANDUM CIRCULAR NO: 2019-09-27-020

TO : ALL PRESIDENTS OF COMPONENT, SPECIALTY DIVISIONS, SUB-SPECIALTY AND AFFILIATE SOCIETIES

SUBJECT: 29TH DR. JOSE P. RIZAL MEMORIAL AWARDS

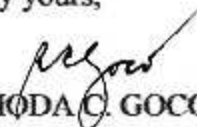
DATE : SEPTEMBER 27, 2019

Greetings from the Philippine Medical Association!

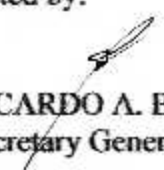
The search is on for the 2020 Filipino Physicians of Distinction. The PMA is inviting all physicians to join the 29th Dr. Jose P. Rizal Memorial Awards.


For your guidance, enclosed herewith are the nomination forms and program mechanics.

Sincerely yours,


MA. RHODA C. GOCO, MD
Overall Chair
29th Dr. Jose P. Rizal Memorial Awards
Governor, Southern Tagalog Region

Noted by:


RICARDO A. BATAK, MD
Secretary General


JOSE P. SANTIAGO JR., MD
President

**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

**DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM**

Pls. Accomplish in duplicate:

Original -Dr. JPRMA Organizing Committee
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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

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 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	
<i>Community, Socio-cultural and Religious Involvement</i>	50%
<i>Government service/ partnership</i>	10%
<i>Professional Practice, Experience and Training</i>	10%
<i>Academe Involvement</i>	10%
<i>Research and Scholarly Works</i>	10%
<i>Excellence in other fields of endeavor</i>	<u>10%</u>
Total	100%
2. GOVERNMENT SERVICE	
<i>Government Service, Experience and Training</i>	50%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Professional practice, training, experience</i>	10%
<i>Academe Involvement</i>	10%
<i>Research and Scholarly Works</i>	10%
<i>Excellence in other fields of endeavor</i>	<u>10%</u>
Total	100%
3. OUTSTANDING IN CLINICAL PRACTICE	
<i>Clinical Practice, Experience and Training</i>	50%
<i>Research and Scholarly Works</i>	10%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Government Service, partnership</i>	10%
<i>Academe Involvement</i>	10%
<i>Excellence in other fields of endeavor</i>	<u>10%</u>
Total	100%
4. ACADEME	
<i>Academe Involvement</i>	50%
<i>Research and Scholarly Works</i>	10%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Government service/partnership</i>	10%
<i>Professional Practice, Experience and Training</i>	10%
<i>Excellence in other fields of endeavor</i>	<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%
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

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 -----

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 -----
