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

Noted by:

RICARDO A. BATAc, MD
Secretary General

JOSE P. SANTIAGO JR., MD
President
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
Duplicate - Component Society File

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
**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**
   - 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 10%
   - **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 ____________
      3. Residency Training (if any)
         Specialty _______________________________ Year ____________
         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

<table>
<thead>
<tr>
<th>A. International Journal/Publication</th>
<th>Title</th>
<th>Date</th>
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<td>C. Local</td>
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#### 2. Unpublished journal articles/research works

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<th>A. International Journal/Publication</th>
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<th>Date</th>
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#### 3. Published Books/Articles/Newsletters

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<th>Year</th>
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<td>B. Co-author/Assistant Editor</td>
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<td>C. Translator</td>
<td>Year</td>
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<td>D. Reviser</td>
<td>Year</td>
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<td>E. Reviewer</td>
<td>Year</td>
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#### 4. Scientific or Technological Inventions/Contributions

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<th>A. International Significance/Application</th>
<th>Year</th>
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<td>B. National Significance/Application</td>
<td>Year</td>
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<tr>
<td>C. Local Significance/Application</td>
<td>Year</td>
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**D. Patents Obtained**

1. **International application**

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2. **National application**

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**E. Documented Discoveries**

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#### 5. Delivered/Published Papers/Lectures/Speeches

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<td>C. Local</td>
<td>Year</td>
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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
      ____________________ Year __________________
      National
      ____________________ Year __________________
      Local
      ____________________ Year __________________
   b. Member in good standing
      International
      ____________________ Year __________________
      National
      ____________________ Year __________________
      Local
      ____________________ Year __________________
   c. Professional Honors/Achievements/Awards
      Awarding Institution Awards Receive Date
      International
      ____________________ _______ ______
      National/Regional
      ____________________ _______ ______
   d. Managerial Work
      a. Government Level
      National
      ____________________ Year __________________
      Regional
      ____________________ Year __________________
      Local
      ____________________ Year __________________

8. Consultancy
   ________________________________ Year
   A. Guest Appearance in Medical Programs
      Occasion
      International Coverage
      ____________________ Year __________________
      National Coverage
      ____________________ Year __________________

IV. COMMUNITY AND EXTENSION SERVICES
   A. Community Service
      1. Organizer/Project Head
         ________________________________ Year
      2. Consultancy/Resource Person
         ________________________________ Year
      3. Participant
         ________________________________ Year
   B. Humanitarian/Relief Mission
      ________________________________ 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 Level**: 
     - **National Level**: 
     - **Local/Institution Level**: 
   - **F. Community Projects implemented**
     - **International Level**: 
     - **National Level**: 
     - **Local/Institution Level**: 

### 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**

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**Dr. Jose P. Rizal came from an illustrious and distinguished Mercado, Rizal and Alonzo families.**

**A Personal and family background of the nominee is.**

<table>
<thead>
<tr>
<th>Nominee’s Full Name</th>
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<tbody>
<tr>
<td>Residence Address</td>
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<tr>
<td>Telephone Number/s</td>
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<tr>
<td>Place of Birth</td>
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<td>Date of Birth</td>
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<tr>
<td>Present Age</td>
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<tr>
<td>Citizenship</td>
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<tr>
<td>Civil Status</td>
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<td>Spouse’s Name</td>
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<td>Father’s Name</td>
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<tr>
<td>Mother’s Name</td>
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<tr>
<td>Number of Children with Educational Attainment</td>
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</tbody>
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