



# Philippine Medical Association

Member : World Medical Association (WMA)  
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)  
Medical Association of Southeast Asian Nations (MASEAN)  
  
Secretariat : PMA Bldg., North Avenue, Quezon City 1105  
Tels.: (632) 929-6366; 929-7361; 926-2447 Fax: (632) 929-6951  
Mobile: (Membership Hotline) 0917-8221357  
E-mails: info@philippinemedicalassociation.org; philmedas@yahoo.com  
Website: www.philippinemedicalassociation.org

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## MEMORANDUM CIRCULAR NO: 2019-10-03-21

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TO: Presidents and Local COMELEC Chairs of Component Medical Societies of the PMA

RE: Election of National and Local Officers of the Philippine Medical Association for the Term 2020-2021( Candidacy Form)

ELECTION DATE: **MARCH 15, 2020, 8:00am –5:00 pm(Sunday)**

**Kindly be reminded of the following as regards to the coming Local and National Elections of the Philippine Medical Association.**

**I. As regards the requirement to be a "MEMBER IN GOOD STANDING" in order to vote and be voted upon.**

The provision in the Election Code states that a member of good standing “who has settled all financial obligations to the Association and his component society, which for purposes of eligibility to vote in the elections of the Philippine Medical Association shall mean payment of the said dues on or before September 30 preceding the election” has the right to vote.

From the list of the members of good standing submitted to the PMA Secretariat, would come the VOTERS LIST duly approved by the PMA Membership Committee and National COMELEC. Thus, it is incumbent upon the Local COMELEC to carefully review the voter’s list and when necessary, make recommendations therefore, as inclusion and/or exclusion of members.

**II. As regards the requirements in order run for NATIONAL OFFICE OF THE PHILIPPINE MEDICAL ASSOCIATION.**

Enclosed herewith is a copy of an Official Certificate of Candidacy for those wishing to run for national office. They are required to fill out this form, and together with other required documents and certificates, submit to the National Commission on Elections on or before November 15, 2019 at 5:00 PM.



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Kindly take note that the forms you will receive with this memorandum have been revised for this election and that the old certificate forms are no longer appropriate.

Other requirements to be submitted together with the Certificate of Candidacy;

- 1. Four (4) passport size photographs taken within one calendar year of the date prior to the submission of the certificate**
- 2. Photocopy of valid PRC license (front and back)**
- 3. Original Certificate of membership in good standing from the incumbent Secretary of the local component society.**

**III. As regards to the procedure of having a Board of Governor when no candidate filed his candidacy at the end of the November 15, 2019 deadline.**

As per previous resolution of the PMA National COMELEC, if no candidate for Board of Governor was filed within the reglamentary period, the Regional Council will then endorse a candidate. The candidate endorsed shall also submit the following requirements;

- Curriculum Vitae with passport size photo taken within one calendar year
- Valid PRC license
- Original Certificate of membership in good standing from the incumbent Secretary of the local component society.

**IV. As regards the representative/s of the Component Societies to the General Assembly.**

The Commission reminds all local COMELEC Chairperson that additional representatives to the General Assembly must, henceforth, be elected as required by the By-laws, thus must be included in the list of nominees together with the other candidates for the officers of the component society. As quoted from the Administrative Code;

*"The General Assembly shall be composed of officers and members of the Board of Governors and the representatives of component medical societies and one representative from the specialty*



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*divisions. The number of representatives from each component society shall depend on the number of members in good standing of the society. The president of the component society shall automatically be the chief and, if the society has less than one thousand members in good standing, the only representative of the society. If the society has more than one thousand members, and for every fraction greater than 499 thereof, an additional representative shall be elected by the members of the component society as part of the same process instituted to elect the officers of the local society, and shall not qualify to represent the component society unless so elected.*

Questions may be directed to the National COMELEC thru TRACY G. SALCEDO (PMA National COMELEC Secretary).

Thank you for your attention on this matters.

For the Commission,

CLARO T. MUNDIN, MD  
Chairman

Enclosures: As indicated

CC: National Officers & Board of Governors

Members, Commission on Elections, File

**IMPORTANT: All blanks in this first sheet must be filled out properly, and all information entered into this biodata form must be printed or typewritten. Failure to provide all the data required in this first sheet will disqualify this form.**

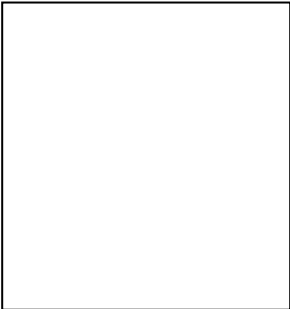
*CURRICULUM VITAE*

CANDIDATE FOR: \_\_\_\_\_  
(Position)

\_\_\_\_\_  
Surname                      Given                      Middle ((Initials)

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Office Address



Tel. Nos. \_\_\_\_\_ Mobile #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Medical College from which you graduated                      Year of Graduation

\_\_\_\_\_  
Month and Year of Licensure Examination passed

\_\_\_\_\_  
Component Society                      PMA No. \_\_\_\_\_  
PRC No. \_\_\_\_\_

\_\_\_\_\_  
Specialty Accreditation, if any

PERSONAL DATA

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Day/Month/Year)

Civil Status: \_\_\_\_\_

Spouse \* \_\_\_\_\_  
\*If applicable

Children \* \_\_\_\_\_  
\*If applicable

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

PMA SERVICE

PMA National Positions held	Year/s
(For other entries, use space at the back)	

Component Society Positions held	Year/s

Affiliate Society Positions held	Year/s
(For other entries, use space at back)	

SERVICE OUTSIDE PMA

Government/Private/Hospital/Civic Society/ Academe Positions held	Year/s

Private Business	Year/s

Activities Outside of Medical Practice, if any

Medicine Related: \_\_\_\_\_

Civic: \_\_\_\_\_

Religious:\_\_\_\_\_

Cultural :\_\_\_\_\_

Sports :\_\_\_\_\_

Hobbies:\_\_\_\_\_

EDUCATION

Medical School/College / postgraduate, specialty training, admin skills)	Year/s (Include Degree
_____	_____
_____	_____
_____	_____
_____	_____

HONORS (5 entries only)	Year/s
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature

(The items required in the Curriculum Vitae should be filled out in this form. If there is additional information, this additional information may be added in a separate sheet. But under no circumstances should a typewritten biodata sheet be attached to substitute for the blanks in the curriculum vitae sheets provided.)



## PHILIPPINE MEDICAL ASSOCIATION

North Avenue, Quezon City

### CERTIFICATE OF CANDIDACY

**#just pls specify the position as to (President, Vice President or National Treasurer)**

I hereby state, subject to the approval of the PMA Commission on Elections, that I am a candidate for the position of \_\_\_\_\_ for the term 2020 to 2021 in the Philippine Medical Association.

I hereby submit the following personal data to the National Comelec to show that I am qualified for such a position.

Full Name : \_\_\_\_\_  
Residential Address : \_\_\_\_\_  
Member in good standing of the \_\_\_\_\_  
(Component) Medical Society from 19 \_\_\_\_\_ to 20 \_\_\_\_\_  
Year admitted to medical practice \_\_\_\_\_ PRC No. \_\_\_\_\_

I am herewith submitting my curriculum vitae in the four pages attached to this certificate, four passport size photographs of myself taken within one calendar year of the date of this document, a photocopy of my valid PRC card, a certificate of membership in good standing issued by the my component society.

*On my honor, I certify that;*

*1. I possess the requisite Good Moral Character befitting my profession and the position I am running for.*

*2. That I have not been convicted of any criminal offense nor have been penalized with disciplinary action by the PMA or the component society within five (5) years prior to this election.*

*3. And that I have not had a pending case filed against the PMA or Component Society in any Court of Law or any Quasi-judicial body.*

I pledge, to abide by the provisions of the PMA By-Laws as well as the PMA Election Code and submit myself to the authority of the Commission on Elections with regard to my candidacy and to the results of the election.

And finally, I further pledge, if elected, to perform faithfully and to the best of my ability, the duties of the position to which I was elected.

Submitted on this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

\_\_\_\_\_  
Signature

## **VERIFICATION**

I hereby certify under oath that I am the person who signed the Certificate of Candidacy of which this Verification is an integral part and that the information relating to my qualification mentioned in the said Certificate of Candidacy are true and correct of my personal knowledge.

Witness my hand on this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

in \_\_\_\_\_ Philippines.

\_\_\_\_\_  
Signature

Republic of the Philippines)

ss

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Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_  
2019 at \_\_\_\_\_, Philippines, affiant having  
shown to me his/her PRC ID No. \_\_\_\_\_ issued at  
\_\_\_\_\_ on \_\_\_\_\_.

Witness my hand and seal on the date and place above mentioned.

\_\_\_\_\_  
Notary Public

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20 \_\_\_\_\_





# PHILIPPINE MEDICAL ASSOCIATION

North Avenue, Quezon City

## CERTIFICATE OF CANDIDACY

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I hereby submit the following personal data to the National COMELEC to show that I am qualified for such a position.

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Witness my hand on this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

in \_\_\_\_\_ Philippines.

\_\_\_\_\_  
Signature

Republic of the Philippines)

ss

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Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_  
2019 at \_\_\_\_\_, Philippines, affiant having  
shown to me his/her Residence Certificate No. \_\_\_\_\_ issued at  
\_\_\_\_\_ on \_\_\_\_\_.

Witness my hand and seal on the date and place above mentioned.

\_\_\_\_\_  
Notary Public

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20 \_\_\_\_\_