MEMORANDUM CIRCULAR NO: 2019-10-03-21

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.
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
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 that 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

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#### Component Society Positions held

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#### Affiliate Society Positions held

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#### SERVICE OUTSIDE PMA

#### Government/Private/Hospital/Civic Society

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#### Academe Positions held

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Activities Outside of Medical Practice, if any

Medicine Related: __________________________________________

Civic: ______________________________________________________

Religious: ___________________________________________________

Cultural: ____________________________________________________

Sports: _____________________________________________________

Hobbies: _____________________________________________________

EDUCATION

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

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 _____
CERTIFICATE OF CANDIDACY

I hereby state, subject to the approval of the PMA Commission on Elections, that I am a candidate for the position of **GOVERNOR** - Region ________ 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, and a certificate of membership in good standing issued by the 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.

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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 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 _____