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 ____________________________, MD
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
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We respectfully endorse the nomination of
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MD
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The above nominee is a licensed physician and a member of the Philippine
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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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and Scholarly Works</td>
<td>50%</td>
</tr>
<tr>
<td>Academe Involvement</td>
<td>10%</td>
</tr>
<tr>
<td>Community, Socio-cultural and Religious Involvement</td>
<td>10%</td>
</tr>
<tr>
<td>Professional Practice, Experience and Training</td>
<td>10%</td>
</tr>
<tr>
<td>Government service/partnership</td>
<td>10%</td>
</tr>
<tr>
<td>Excellence in other fields of endeavor</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

For all categories an extra 5% point will be given to those who have active participation to stop the spread of COVID 19 Infection.

3 to 5 minute video documentation should be submitted to support for the extra 5% points.

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. (Half of this will go to the winner and the other half will be given to the Nominator or the Component Society.)

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 and should be endorsed by component society

3. **Deadline for submission of nominations shall be on January 31, 2021, and addressed to the PMA Secretariat, North Avenue, Quezon City**

4. Please submit 3 copies of your nomination form together with your supporting documents. Hard and soft copies of your documents.
5. **Screening of nomination forms and materials will be on February 6, 2021** at the PMA Board Room.

6. **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.**

7. **Awarding ceremony will be held during the second to the last day of the 114th PMA Annual Convention on May 18, 2021.**

8. **Deadline for Claiming the Prizes is on December 3, 2021. All unclaimed prizes after December 3, 2021 will be forfeited and will be given to PMA Emergency and Disaster Committee.**

9. **For more information, please contact any of the following:**
   - PMA Secretariat – Tel # 929-6366 / 09178221357
   - Rosalina S. Caraan, M.D. – 09285040529
   - 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
   - Tax Identification Number
   - A current certificate of good standing issued by the component society
   - List of UNILAB medicines (100K worth) be given to their charitable institution of choice, and to their component society/nominator (for finalists only)
   - 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 _________________________________________________________
      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 ___________________________________________________________
      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

<table>
<thead>
<tr>
<th>Position</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td>International</td>
<td></td>
</tr>
<tr>
<td>National</td>
<td></td>
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<tr>
<td>Local</td>
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b. Member in good standing

<table>
<thead>
<tr>
<th>Position</th>
<th>Year</th>
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<tbody>
<tr>
<td>International</td>
<td></td>
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<tr>
<td>National</td>
<td></td>
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<tr>
<td>Local</td>
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</tbody>
</table>

c. Professional Honors/Achievements/ Awards

<table>
<thead>
<tr>
<th>Awarding Institution</th>
<th>Awards Received</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>International</td>
<td></td>
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National/Regional

<table>
<thead>
<tr>
<th>Awarding Institution</th>
<th>Awards Received</th>
<th>Date</th>
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</table>

d. Managerial Work

<table>
<thead>
<tr>
<th>Awarding Institution</th>
<th>Awards Received</th>
<th>Date</th>
</tr>
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a. Government Level Position Year
National
Regional
Local

8. Consultancy Institution Year

A. Guest Appearance in Medical Programs Occasion Year
International Coverage
National Coverage

IV. COMMUNITY AND EXTENSION SERVICES

A. Community Service

1. Organizer/Project Head Year

2. Consultancy/Resource Person Year

3. Participant

B. Humanitarian/Relief Mission

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

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<tr>
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<th>Year</th>
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<tbody>
<tr>
<td>International</td>
<td></td>
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<tr>
<td>National level</td>
<td></td>
</tr>
<tr>
<td>Local/institution level</td>
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F. Community Projects implemented

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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.

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

TIN Number