

**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 an a member of good standing since \_\_\_\_\_  
and holds a PMA card number \_\_\_\_\_ which expires on  
\_\_\_\_\_.

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Community Leadership | <input type="checkbox"/> Clinical Practice |                                   |
| <input type="checkbox"/> Government Service   | <input type="checkbox"/> Academe           | <input type="checkbox"/> 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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*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>  |
| <b>Total</b>   | <b>100%</b> |

**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>  |
| <b>Total</b>   | <b>100%</b> |

**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>  |
| <b>Total</b>   | <b>100%</b> |

**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>  |
| <b>Total</b>   | <b>100%</b> |

## 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              | <u>10%</u> |
| Total   | 100%       |

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 114<sup>th</sup> 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 \_\_\_\_\_

\_\_\_\_\_ 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

|               | Position | Year  |
|---------------|----------|-------|
| International | _____    | _____ |
| National      | _____    | _____ |
| Local         | _____    | _____ |

b. Member in good standing

|               |       |       |
|---------------|-------|-------|
| International | _____ | _____ |
| National      | _____ | _____ |
| Local         | _____ | _____ |

c. Professional Honors/Achievements/ Awards

|                   | Awarding Institution | Awards Receive | Date  |
|-------------------|----------------------|----------------|-------|
| International     | _____                | _____          | _____ |
| National/Regional | _____                | _____          | _____ |

d. Managerial Work

|   |                    |             |
|---|--------------------|-------------|
| a. Government                           |                    |             |
| Level                                   | <i>Position</i>    | <i>Year</i> |
| National                                | _____              | _____       |
| Regional                                | _____              | _____       |
| Local                                   | _____              | _____       |
| 8. Consultancy                          | <i>Institution</i> | <i>Year</i> |
|   | _____              | _____       |
| A. Guest Appearance in Medical Programs |                    |             |
| Occasion                                | <i>Year</i>        | <i>Year</i> |
| International Coverage                  | _____              | _____       |
| National Coverage                       | _____              | _____       |

**IV. COMMUNITY AND EXTENSION SERVICES**

A. Community Service

|                                |             |
|--------------------------------|-------------|
| 1. Organizer/Project Head      | <i>Year</i> |
| _____                          | _____       |
| 2. Consultancy/Resource Person | <i>Year</i> |
| _____                          | _____       |
| 3. Participant                 | <i>Year</i> |
| _____                          | _____       |

|                                |             |
|--------------------------------|-------------|
| B. Humanitarian/Relief Mission | <i>Year</i> |
| _____                          | _____       |

C. Extension Service

1. Seminars/Workshops/Conventions Attended/Participated

|                         |             |
|-------------------------|-------------|
| A. Organizer            | <i>Year</i> |
| International Level     | _____       |
| National Level          | _____       |
| Local/Institution Level | _____       |

|                                  |             |
|----------------------------------|-------------|
| B. Chairman of Working Committee | <i>Year</i> |
| International Level              | _____       |
| National Level                   | _____       |
| Local/Institution Level          | _____       |

|                            |             |
|----------------------------|-------------|
| C. Speaker/Paper Presenter | <i>Year</i> |
| International Level        | _____       |
| National Level             | _____       |
| Local/Institution Level    | _____       |

|  |             |
|--|-------------|
| D. Coordinator/Facilitator/Member, Working Committee | <i>Year</i> |
| 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 \_\_\_\_\_  
TIN Number \_\_\_\_\_