



PHILIPPINE MEDICAL ASSOCIATION

THEME: "PMA: WORKING TOGETHER AS ONE"

Member : World Medical Association
Co-Founder : Confederation of Medical Associations in Asia and Oceania (CMAAO)
Medical Association of South East Asian Nations (MASEAN)
Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
Telephone Numbers: (02) 8929-7361; 8929-6366; 8926-2447 • Fax: (02) 8989-6951
Mobile Numbers: 0917-8221357; 0918-9234732 (**Secretariat**) • 0927-5806903; 0961-5823069 (**Membership**)
Emails: philmedas@yahoo.com; philmedas@gmail.com • Website: www.philippinemedicalassociation.org

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MEMORANDUM CIRCULAR NO: 2021-12-01-032

TO : ALL PRESIDENTS OF COMPONENT, SPECIALTY DIVISIONS
SUBSPECIALTY AND AFFILIATE SOCIETIES

SUBJECT : 31ST DR. JOSE P. RIZAL MEMORIAL AWARDS

DATE : DECEMBER 1, 2021

Greetings from the Philippine Medical Association!

The search is on for the 2022 Filipino Physicians of Distinction. The PMA is inviting all physicians to join the 31st Dr. Jose P. Rizal Memorial Awards.

For your guidance, enclosed herewith are the nomination forms and program mechanics.

Sincerely yours,

ANGELITO BENJAMIN C. BELEN, MD

Overall Chair, 31st Dr. Jose P. Rizal Memorial Awards
PMA Governor, Southern Tagalog

Noted by:

MA. REALIZA G. HENSON, MD
Secretary General

BENITO P. ATIENZA, MD
President

**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 number _____.*

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**

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and holds a PMA number _____.*

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 five (5) 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>
Total	100%
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>
Total	100%
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>
Total	100%
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>
Total	100%

5. RESEARCH

<i>Research and Scholarly Works</i>	50%
<i>Academe Involvement</i>	10%
<i>Community, Socio-cultural and Religious Involvement</i>	10%
<i>Professional Practice, Experience and Training</i>	10%
<i>Government service/partnership</i>	10%
<i>Excellence in other fields of endeavor</i>	10%
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*
- 2. Previous nominees who did not win can be nominated again and should be endorsed by component society*
- 3. Previous Dr. JPRMA winners are not eligible to be nominated in any category*
- 4. **Deadline for submission of nominations shall be on January 31, 2022, and addressed to the PMA Secretariat, North Avenue, Quezon City***

5. Please **submit 3 copies** of your nomination form together with your supporting documents. Hard and soft copies of your documents.
6. **Screening of nomination forms and materials will be on _____, 2022** 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 last day of the 115th PMA Annual Convention on May 22, 2022.
9. Deadline for Claiming the Prizes is on December 2, 2022. All unclaimed prizes after December 2, 2022 will be forfeited and will be given to PMA Emergency and Disaster Committee.
 - For more information, please contact
PMA Secretariat - Tel # 929-6366 / 09278717025

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 2x2 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*

	<i>Position</i>	<i>Year</i>
<i>International</i>	-----	-----
<i>National</i>	-----	-----
<i>Local</i>	-----	-----

b. *Member in good standing*

<i>International</i>	-----	-----
<i>National</i>	-----	-----
<i>Local</i>	-----	-----

c. *Professional Honors/Achievements/ Awards*

	<i>Awarding Institution</i>	<i>Awards ReceiveDate</i>
<i>International</i>	-----	-----
<i>National/Regional</i>	-----	-----

d. *Managerial Work*

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*

Year

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

	<i>Year</i>
<i>International</i> _____	_____
<i>National level</i> _____	_____
<i>Local/institution level</i> _____	_____

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 _____