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
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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
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
   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>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</tbody>
</table>

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 December 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 February, 2023 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 116th PMA Annual Convention on May, 2023.

9. Deadline for Claiming the Prizes is on November 30, 2023. All unclaimed prizes after November 30, 2023 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

I. 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 __________________________________________
      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

________________________________________  ___________  ____________

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
      International
         ____________________________ Year ______________________
      National
         ____________________________ Year ______________________
      Local
         ____________________________ Year ______________________

   b. Member in good standing
      International
         ____________________________
      National
         ____________________________
      Local
         ____________________________

c. Professional Honors/Achievements/ Awards
      Awarding Institution  Awards
      International
      National/Regional
### Managerial Work
#### a. Government
<table>
<thead>
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<th>Level</th>
<th>Position</th>
<th>Year</th>
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<td></td>
<td></td>
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<tr>
<td>Local</td>
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</tbody>
</table>

#### b. Consultancy
<table>
<thead>
<tr>
<th>Institution</th>
<th>Year</th>
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</table>

#### C. Community Service

1. **Organizer/Project Head**
   - Year

#### B. Humanitarian/Relief Mission
   - Year

### COMMUNITY AND EXTENSION SERVICES

#### A. Community Service

1. **Organizer/Project Head**
   - Year

2. **Consultancy/Resource Person**
   - Year

3. **Participant**
   - Year

#### B. Humanitarian/Relief Mission
   - Year

#### C. Extension Service

1. **Seminars/Workshops/Conventions Attended/Participated**
   - A. **Organizer**
     - International Level
     - National Level
     - Local/Institution Level
   - B. **Chairman of Working Committee**
     - International Level
     - National Level
     - Local/Institution Level
   - C. **Speaker/Paper Presenter**
     - International Level
     - National Level
     - Local/Institution Level
   - D. **Coordinator/Facilitator/Member, Working Committee**
     - International Level
     - National Level
     - Local/Institution Level
E. Reactor/Rapporteur/Panelist

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

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