



PHILIPPINE MEDICAL ASSOCIATION

Theme: NAGKAKAISANG PMA: ANG PAMANA NG PILIPINONG MANGGAGAMOT SA BAGONG HENERASYON

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
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Executive Assistant to the President

MEMORANDUM CIRCULAR NO: 2023-11-13-023

TO : ALL PRESIDENTS OF COMPONENT, SPECIALTY DIVISIONS, SUBSPECIALTY AND AFFILIATE SOCIETIES
SUBJECT : 33RD DR. JOSE P. RIZAL MEMORIAL AWARDS
DATE : NOVEMBER 13, 2023

Greetings from the Philippine Medical Association!

The search is on for the 2024 Filipino Physicians of Distinction. The PMA is inviting all physicians to join the 33rd Dr. Jose P. Rizal Memorial Awards.

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

Sincerely yours,

DANILO B. VERGARA, MD
Overall Chair, 33rd Dr. Jose P. Rizal Memorial Awards
Governor, Southern Tagalog Region

Noted by:

MARIANNE L. ORDOÑEZ-DOBLES, MD
Secretary General

MARIA MINERVA P. CALIMAG, MD
President

**DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM**

Please 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**

Pls. Accomplish in duplicate:

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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 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	70%
Government service/ partnership	6%
Professional Practice, Experience and Training	6%
Academe Involvement	6%
Research and Scholarly Works	6%
Excellence in other fields of endeavor	<u>6%</u>
Total	100%
2. GOVERNMENT SERVICE	
Government Service, Experience and Training	70%
Community, Socio-cultural and Religious Involvement	6%
Professional practice, training, experience	6%
Academe Involvement	6%
Research and Scholarly Works	6%
Excellence in other fields of endeavor	<u>6%</u>
Total	100%
3. OUTSTANDING IN CLINICAL PRACTICE	
Clinical Practice, Experience and Training	70%
Research and Scholarly Works	6%
Community, Socio-cultural and Religious Involvement	6%
Government Service, partnership	6%
Academe Involvement	6%
Excellence in other fields of endeavor	<u>6%</u>
Total	100%

4. ACADEME

<i>Academe Involvement</i>	70%
<i>Research and Scholarly Works</i>	6%
<i>Community, Socio-cultural and Religious Involvement</i>	6%
<i>Government service/partnership</i>	6%
<i>Professional Practice, Experience and Training</i>	6%
<i>Excellence in other fields of endeavor</i>	<u>6%</u>
<i>Total</i>	100%

5. RESEARCH

<i>Research and Scholarly Works</i>	70%
<i>Academe Involvement</i>	6%
<i>Community, Socio-cultural and Religious Involvement</i>	6%
<i>Professional Practice, Experience and Training</i>	6%
<i>Government service/partnership</i>	6%
<i>Excellence in other fields of endeavor</i>	<u>6%</u>
<i>Total</i>	100%

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 Fifty Thousand Pesos (P50,000.00)*
- *P50,000.00 worth of Unilab Medicines to be donated to any charitable institution of choice by the Awardees.*

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, 2023, 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 2, 2024***
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 117th PMA Annual Convention on May, 2024.*
9. *Deadline for Claiming the Prizes is on November 30, 2024. All unclaimed prizes after November 30, 2024 will be forfeited and will be given to PMA Emergency and Disaster Committee.*
 - *For more information, please contact
PMA Secretariat – Tel # 8-929-6366 / 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*
 - *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

<i>Institution/Organization</i>	<i>Position</i>	<i>Year</i>
_____	_____	_____

D. Professional Practice

1. Private

<i>Institution/Organization</i>	<i>Position</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____

2. Government – Certificates of Employment with dates of appointments.

NOTE: Please include PES rating for the last 5 years from the government

<i>Institution/Organization</i>	<i>Position</i>	<i>Year</i>
_____	_____	_____
_____	_____	_____

3. Awards or recognitions _____

III. RESEARCH, CREATIVE WORK, PUBLICATIONS, PROFESSIONAL STANDING, RECOGNITION AND ACHIEVEMENTS

A. Publications

1. Published journal articles/research works

A. International

<i>Journal/Publication</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____

B. National

_____	_____	_____
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C. Local

_____	_____	_____
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2. Unpublished journal articles/research works

A. International

<i>Journal/Publication</i>	<i>Title</i>	<i>Date</i>
_____	_____	_____

B. National

_____	_____	_____
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C. Local

_____	_____	_____
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3. Published Books/Articles/Newsletters

A. Sole authorship/Editor

_____	<i>Year</i> _____
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- 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

International _____

National _____

Local _____

c. Professional Honors/Achievements/ Awards

	<i>Awarding Institution</i>	<i>Awards Receive</i>	<i>Date</i>
<i>International</i>	_____	_____	_____
<i>National/Regional</i>	_____	_____	_____

d. Managerial Work

a. Government

<i>Level</i>	<i>Position</i>	<i>Year</i>
<i>National</i>	_____	_____
<i>Regional</i>	_____	_____
<i>Local</i>	_____	_____

8. Consultancy

	<i>Institution</i>	<i>Year</i>
	_____	_____

A. Guest Appearance in Medical Programs

	<i>Occasion</i>	<i>Year</i>
<i>International Coverage</i>	_____	_____
<i>National Coverage</i>	_____	_____

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

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 _____