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Vice President

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Assistant Secretary General

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Governor, Northcentral Mindanao

EDNA C. DEL ROSARIO, MD
Governor, Caraga

FERDINAND E. CERCENIA, MD
Executive Assistant to the President

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
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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Assistant Secretary General

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:

<table>
<thead>
<tr>
<th>Original</th>
<th>Dr. JPRMA Organizing Committee</th>
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<tbody>
<tr>
<td>Duplicate</td>
<td>Component Society File</td>
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<td></td>
<td>Specialty Division, Specialty and Affiliate Society</td>
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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

________________________________________
President, PMA Component Medical Society

________________________________________
President, Specialty Division, Specialty and Affiliate Society
DR. JOSE P. RIZAL MEMORIAL AWARDS
OFFICIAL NOMINATION FORM

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<td>-Specialty Division, Specialty and Affiliate Society</td>
</tr>
</tbody>
</table>

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
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 6%
   - 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 6%
   - 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 6%
   - Total 100%
### 4. ACADEME

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
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<tr>
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<tr>
<td>Academe Involvement</td>
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<td>Community, Socio-cultural and Religious Involvement</td>
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<tr>
<td>Government service/partnership</td>
<td>6%</td>
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<tr>
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<td>Excellence in other fields of endeavor</td>
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<td><strong>Total</strong></td>
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### 5. RESEARCH

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<td><strong>Total</strong></td>
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### 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

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<th>Position</th>
<th>Year</th>
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D. Professional Practice

1. Private

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<th>Position</th>
<th>Year</th>
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2. Government – Certificates of Employment with dates of appointments.

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

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3. Awards or recognitions

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

A. Publications

1. Published journal articles/research works

   A. International

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   C. Local

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2. Unpublished journal articles/research works

   A. International

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3. Published Books/Articles/Newsletters

   A. Sole authorship/Editor

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<th>Year</th>
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   B. Co-authorship/Editor

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   C. Reviewer

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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

C. Published/Acknowledged Work of Art

D. Exhibited Art Works
   One man
   
   Group show

7. Affiliation/Membership in Professional Organizations
   a. Officer

   b. Member in good standing

   c. Professional Honors/Achievements/Awards

   d. Managerial Work
      a. Government

8. Consultancy

A. Guest Appearance in Medical Programs

International Coverage

National Coverage
IV. **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**
   - 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**
   - Year
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 ____________________________________________________________