

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

Please accomplish in duplicate:

<i>Original</i>	-Dr. JPRMA Organizing Committee
<i>Duplicate</i>	-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: _____
Specialty Divisions: _____
Subspecialty Society: _____
Affiliate Society: _____
Other organization: _____

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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To : The Organizing Committee of the Dr. Jose P. Rizal Memorial Awards

From : PMA Component Medical Society: _____
Specialty Division: _____
Subspecialty Society: _____
Affiliate Society: _____
Other organization: _____

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

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

2. GOVERNMENT SERVICE

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

3. OUTSTANDING IN CLINICAL PRACTICE

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

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.*
3. *Previous Dr. JPRMA winners are not eligible to be nominated in any category*
4. ***Deadline for submission of nominations shall be on January 10, 2025, and addressed to the PMA Secretariat, North Avenue, Quezon City***
5. *Please **submit three (3) hard copies** and three (3) flash drives of the documents. Must email the documents to pma1903secretariat@gmail.com.*
6. ***Screening of nomination forms and materials will be on February, 2025***
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 ceremonies will be held during the last day of the 118th PMA Annual Convention in May, 2025.*
9. *The recipients of the prizes shall coordinate with the PMA on how they will claim them as soon as possible.*
 - *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

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 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>
<i>A. Guest Appearance in Medical Programs</i>	_____	_____

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

<i>National Coverage</i>	_____	_____
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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	_____