



Professional Regulation Commission

PERSONAL DATA SHEET OF NOMINEE

THIS FORM SHOULD BE ACCOMPLISHED IN TRIPLICATE. ANY FALSE STATEMENT OR INFORMATION HEREIN SHALL DEBAR THE NOMINEE FROM BEING RECOMMENDED FOR APPOINTMENT AND POSSIBLE CRIMINAL PROSECUTION MAY BE INSTITUTED AGAINST HIM/HER INCLUDING THE REVOCATION OF LICENSE TO PRACTICE HIS/HER PROFESSION.

1 ½ X 1 ½
PICTURE

| | |
|---------------------------------|----------------------------------|
| BOARD TO WHICH NOMINATED | NOMINATED/RECOMMENDED BY: |
|---------------------------------|----------------------------------|

A. PERSONAL DATA

FULL NAME: _____
(Last Name, First Name, Middle Name)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ GENDER: _____

TIN: _____ GSIS/SSS NUMBER: _____ RELIGION: _____

OCCUPATION/PROFESSION: _____ PRC LICENSE NO.: _____

DATE OF ISSUANCE: _____ EXPIRATION DATE: _____

CIVIL STATUS: _____ CITIZENSHIP: _____ HOW ACQUIRED: _____
(By Birth or Naturalization)

PRESENT ADDRESS: _____ TEL. NO. _____

PROVINCIAL ADDRESS & TEL. NO.: _____ MOBILE NO.: _____

OFFICIAL BUSINESS ADDRESS: _____ TEL. NO.: _____

NAME OF SPOUSE: _____ PROFESSION/OCCUPATION: _____
(If female, write maiden name)

OFFICE NAME, ADDRESS & TEL. NO. _____

| NAME OF CHILDREN | AGE | ADDRESS |
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| NAME OF BROTHERS/SISTERS | AGE | ADDRESS |
|--------------------------|-----|---------|
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NAME OF FATHER: _____ ADDRESS: _____

NAME OF MOTHER: _____ ADDRESS: _____
(Use of maiden name)

NAME OF FATHER-IN-LAW: _____ ADDRESS: _____

NAME OF MOTHER-IN-LAW: _____ ADDRESS: _____
(Use of maiden name)



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B. PROVEN LEADERSHIP QUALITIES/CITATIONS/AWARDS

1. Professional associations of which you are an active member.

| Name of Association | Position Held | Inclusive Period |
|---------------------|---------------|------------------|
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2. Civic, social and/or religious organizations of which you are an active member.

| Name of Organization | Position Held | Inclusive Period |
|----------------------|---------------|------------------|
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3. Honors, awards and citations given by reputable organizations for demonstrated leadership qualities.

| Description | Awarded by | Date |
|-------------|------------|------|
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4. Other information, if any, showing evidence of your proven leadership qualities.

C. PROFESSIONAL COMPETENCE AND EXPERIENCE

1. Formal educational background

| Academic Degree(s) or units earned | Name of School | Date conferred or earned | Honor or Distinctions |
|---------------------------------------|----------------|-----------------------------|--------------------------|
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2. Licensure Examination/s Passed

| Name of Examination | Date Taken | Rating | Rank if among topnotchers | Number of times taken |
|---------------------|------------|--------|------------------------------|--------------------------|
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3. Special studies, scholarship grants, etc.

| Sponsor | Description of Courses | Institution Attended | Inclusive Period |
|---------|------------------------|----------------------|------------------|
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4. Participation in continuing professional education programs

| Nature of Program | Conducted by | Nominee's role* | Inclusive Period |
|-------------------|--------------|-----------------|------------------|
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* Resource person, speaker, etc.

5. Research activities undertaken

| Research Title | Inclusive Period | Other Relevant Information |
|----------------|------------------|----------------------------|
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6. Professional books and/or articles published

| Title | Date of Publication | Name of Publication and Publisher |
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D. PROFESSIONAL PRACTICE OR EMPLOYMENT

1. Professional practice

| Name of Firm, Agency or Organization | Position Held | Inclusive Period |
|--------------------------------------|---------------|------------------|
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2. Describe briefly the nature of professional work undertaken

3. Teaching experience

| Name and Location of Education Institution | Subjects Taught | Inclusive Period |
|--|-----------------|------------------|
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4. Travel/s abroad for professional growth

| Countries and Institution visited | Purpose | Inclusive Period |
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5. Other information, if any, showing evidence of your professional practice and employment

E. INTEGRITY AND COMMITMENT TO HIGHEST PROFESSIONAL STANDARDS

1. Please write "yes" or "no" in the appropriate box.

- a. Are you a member of the faculty of any school, college or university where any branch of the profession covered by the Board for which you are proposed for membership is taught?
- b. Are you connected directly or indirectly in any manner whatsoever with any review center or school preparing examinees to take the licensure examination given by the Board for which you are proposed for membership?
- c. Is any immediate member of your family a member of any faculty of any school, college or university where any branch of the profession covered by the Board for which you are proposed for appointment is being taught?
- d. Do you hold any pecuniary interest in any school, college or university offering the course covered by the Board for which you are proposed for appointment?
- e. Have you ever been accused of, indicted or tried for violation of any law, ordinance or regulation?
- f. If you are or have been in the government service, were you ever the subject of any disciplinary action?

If your answer is YES, state fully the nature of the offense, the date and the outcome. Please attach herewith a copy of the decision.

2. Professional reference (clients, employers, etc. who can attest to nominee's professional competence and are not related by consanguinity or affinity to him/her).

| Name/Position | Address | Contact No. |
|---------------|---------|-------------|
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3. On a separate sheet (limited to one page), please state your view on:

- a. How the integrity of the professional examination can be maintained?
- b. How the highest degree of ethical and technical standards can be promoted in your profession?

F. TIME, CAPACITY AND CAPABILITY TO PERFORM DUTIES AND FULFILL OBLIGATIONS AS BOARD MEMBER

1. Please write “yes” or “no” in the appropriate box.

- a. Will you have time for the performance of your duties as member of the regulatory board?

Such as:

Rating your examination papers within the time allotted by the PRC?

Attending the regular monthly or special meetings of the Board in PRC?

Inspecting or performing visitorial functions of schools, plants or places of work of professionals?

- b. Can you come very early in the morning, if necessary, to attend to the printing and mimeographing of your examination questions? Or be assigned in the province if examinations are held any place in Luzon, Visayas and/or Mindanao?

- c. Will you commit yourself to the duties and obligations of a government officer or employee, adhere to the rules and regulations of the Commission, and remain in your position until properly replaced, relieved or terminated?

VOUCHERS:

We hereby certify that herein nominee for membership in the regulatory board is personally known to us to be of good reputation and moral character and that we know him/her to be fully qualified for the position proposed for him/her.

SIGNATURE

SIGNATURE

FULL NAME

FULL NAME

| | |
|-----------------------|----------|
| PROFESSION/OCCUPATION | REG. NO. |
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| PROFESSION/OCCUPATION | REG. NO. |
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CERTIFICATION AND ACKNOWLEDGMENT:

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| I do hereby certify that the information and data written by me above are true and correct to my own knowledge. | | | | SUBSCRIBED AND SWORN TO before me on the date and place stated hereunder. Affiant exhibited to me his Community Tax Certificate indicated below his signature. | | |
| PLACE AND DATE PREPARED: | | | | PLACE AND DATE PREPARED: | | |
| SIGNATURE: | | | | SIGNATURE: | | |
| RESIDENCE CERTIFICATE: No. Date: Issued at: | | | | FULL NAME: | | |
| Doc. Stamp | Docket No. | Page No. | Series of | TITLE OF ADMINISTERING OFFICER | | |
| | | | | COMMISSION EXPIRES | PRIVILEGE TAX RECEIPT | |
| | | | | | Number | Date |
| | | | | | | Issued at |

IMPORTANT:

1. The accomplished form should be accompanied by an endorsement from the accredited professional organization concerned, resume, **National Bureau of Investigation (NBI), Ombudsman, Sandiganbayan, Civil Service Commission (CSC)** clearances and medical certificate, to be filed in *triplicate copies*.
2. Except for the last page, all pages should be initialed by the nominee and his vouchers at the bottom of each page.