Republic of the Philippines Professional Regulation Commission Manila



APPLICATION FOR SPECIAL TEMPORARY PERMIT

INSTRUCTION: This application must be accomplis	hed by the applicant or duly auth	borized represent	tative. Any fal	se statement is subj	ect to legal prosed	ution.	Passport size ID picture of the
Category of STP applied for: Profession:			Date of Filing				Applicant with COMPLETE Name Tag in plain white
Part I – Personal Da							background
Sumame:	Given Name	ven Name/s:		Maternal Na	Jame:		Visa / Nature of Stay
Place of Birth	Date of Birth	Citize	enship	Gender	Civil	Status	Date of Arrival
Home address / country of origin:			Philippine Mailing Address:				Period of Stay
Contact Number or E-mai				<i></i>	、 、		
Name and Address of Spor	nsoring/Company/Institu	ution in the	Philippines	: (If Applicable			
Contact Number or E-mai	l address:						
Have you ever been accused of, a If so, attach a copy of the decision Part II – Professiona	on or the complaint, if still per	0 0	w, military tr	ibunal or admini	strative body?	□ <u>Nø</u>	□ <u>Yes</u>
Title/ Degree Rece	Title/ Degree Received College/ Unive			rsity Graduated Date Degree Con		ee Conferred	Honors, Distinctions or Awards Received
Dart III Specializat	ion (State Inic Channel Gald		······································		(
Part III – Specializat	1011 (State briefly your fields	s of specializat	ion, special si	tudies or courses t	aken)		
Part IV – License/s				lippines)	_		
Title of License		Jurisdiction		License/Certification		Date issued / validity	
				Number			
Part V – Experience	and Training						
Dates of Service	Position Held		Employer				Country or State
			───				
			───				
Part VI- Sponsoring	/Company/Institu	tion Profi	le				
For Private Institutions:(SE		For Govern		utions:		Action t	aken by the Cashier
``````````````````````````````````````	, , , , , , , , , , , , , , , , , , ,					Amount:	·
Nature of Business:						OR No.	
			Date:			-	
Authorized Representative						Signature of	Cashier:
Part VII- Acknowled I HEREBY CERTIFY the	0	:' 1	<b>ETIDECD</b>				
							int exhibited to me
me are true and correct to the best of my knowledge and belief. And further authorize PRC and other government agencies to			Passport Number:				
0 0				Date of Issue: Place of Issue			
			Place and Date of Acknowledgment:			-	
Signature of Applicant / A	anonzea representative		i iace and		, wiedginent.		
When and Where Prepared	l						
					Notar	y Public	

P. PAREDES ST., CORNER N. REYES ST., SAMPALOC, MANILA, PHILIPPINES, 1008 P.O. BOX 2038, MANILA

Asse	essment and E		nents for Issu		pecial Temporary Permit	
	A. Special Tempor	rary Permit Unit (Internation				
	Category A				mination under reciprocity or other	
	Category B	•	professionals to practice a profession in the Philippines under reciprocity or other international			
	Category C	Foreign professionals who are to be engaged by the Government as Consultants in foreign-funded, venture, or foreign assisted projects				
	Category D					
	Category E	Foreign health professionals for	or humanitarian missi	ion for a limited	period of time	
	Category F	Category F Foreign Professionals under P.D. No. 541, "Allowing Former Filipino Professionals to Practice their Respective Professions in the Philippines"				
		cable to all categories				
1. [ ]		and notarized STP Application Fo				
2. []		bassport as proof of citizenship,				
3. []	-	insurance, whenever applicable	e and required by the	professional re	egulatory law; and	
4. []	Payment of prescrib al requirements for					
Category	-	<u>-</u>				
1. []	Duly <b>authenticated</b> requirements for reg	copy of the international agreer gistration or licensing from the o e laws of the Philippines, <b>with o</b>	country of origin are	substantially th	e same as those required and	
2. [ ]	Duly <b>authenticated</b> official document issued by the appropriate government office/agency of the foreign country/state certifying that the applicant is a registered professional therein, <b>with official English translation thereof</b> , when necessary.					
Category	В					
1. [ ]	Duly <b>authenticated</b> copy of the international agreement or law of the state/country of the applicant showing that the requirements for registration or licensing from the country of origin are substantially the same as those required and contemplated by the laws of the Philippines, <b>with official English translation thereof, when necessary</b> ; and					
2. [ ]		official document issued by the a registered professional therei			ncy of the foreign country/state certifying <b>hereof, when necessary</b> .	
Category	C					
1. [ ]	Copy of the Contrac professional indicati		ure of consultancy, p	eriod, scope an	n the government agency and the foreign d project details. (In case of joint venture nd	
2.[]		official document issued by the a registered professional there			ncy of the foreign country/state certifying <b>hereof, when necessary</b> .	
Category	D					
1. [ ]	Copy of the contract	t of employment, consultancy a agement of the foreign profession		contract includi	ng project details, scope of works, nature	
2.[]	Duly <b>authenticated</b> official document issued by the appropriate government office/agency of the foreign country/state certifying the applicant is a registered professional therein, <b>with official English translation thereof, when necessary</b> .					
Category	E					
1. [ ]						
2. [ ]	Duly <b>authenticated</b> copy of the valid professional license/s issued in the country of origin, <b>with official English translation</b> <b>thereof, when necessary</b> .					
Category	F					
1. [ ]	Passport showing name, picture, citizenship and date of entry in the Philippines which must be within six (6) months before the filing of the application for renewal;					
2. [] 3. []	The original and photocopy of the previously issued Professional Identification Card; Duly <b>authenticated</b> original and photocopy of <b>valid</b> License/Certificate of Registration/Permit in the adopted country, <b>with official</b> <b>English translation thereof, as applicable;</b> and					
4. []	Four (4) Passport siz	ze ID pictures.				
Processed	by:	Verified by:		D	ate:	
_	(Signature ov	er printed name)	(Signature over p	orinted name)		
B. ACTION TAKEN BY THE PROFESSIONAL REGULATORY BOARD OF/FOR						
		_				
□ No.	Board Resolution	STP Certificate Reg. No.	ID No.	STP ID	Expiration Date:	

Approved	Disapproved	Remarks:	

Chairman

Vice Chairman