

National Graduate Office for the Health Sciences UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center

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| POST - ACTIVITY REPORT (To be submitted within two (2) months after the conduct of the CE activity) | | | |
|---|--------------------|---|------------------|
| College / Unit: | Faculty-in-charge: | | Contact details: |
| Title of course/workshop: | | | |
| Date: | Venue: | | |
| Actual Number of participants: | | Gross Income from registration: | |
| | | Amount Remitted to UPM:(2% of Gross Income) OR # : | |
| Overall evaluation: | | | |
| Remarks: | | | |
| Prepared by Faculty-in-charge: Signature over printed name Date: | | Endorsed by: College Continuing Signature over printed name Education Coordinator Date: | |
| Endorsed by Head of Unit: Signature over printed name Date: | | | |
| Endorsed by: OCE: Lenora C. Fernandez, MD, FPCCP, MSc Coordinator Date: | | Endorsed by: DIRECTOR: Carl Abelardo T. Antonio, MD, MPH NGOHS Date: | |
| Approval Recommended by Vice Chancellor for Academic Affairs: | | Approved by Chancellor: | |
| Bernadette Heizel M. Reyes, MD, MHPEd Date: | | Michael L. Tee, MD, MHPEd, MBA Date: | |

- * Office of the Continuing Education shall provide copies of the approved application form to:
- 1. Requesting Unit/College
- 2. Information Management Systems' Office
- 3. Cashier Division