



**APPLICATION FOR THE CONDUCT OF CONTINUING EDUCATION ACTIVITY**  
**(To be submitted at least two months before the conduct of the CE activity)**

College / Unit: Dept.:	Faculty-in-charge:	Contact details: Tel No.: _____ E-mail : _____
Title of course/workshop:		With Registration Fee:( ) Y / ( ) N If Yes: Reg. Fee Php: _____ Estimated Net Income: Php _____
Sustainable Development Goal addressed (1-17): _____		
Date:	Venue:	
Target participants:	Target number of participants:	Professions Applied for:
		With CPD Units: ( ) Y / ( ) N
Prepared by _____ Faculty-in-charge: Signature over printed name  Date: _____		Endorsed by: _____ College Continuing Education Coordinator Signature over printed name  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: Leslie Michelle M. Dalmacio, PhD NGOHS  Date : _____
Approval Recommended by Vice Chancellor for Academic Affairs:  _____ Nymia Pimentel Simbulan, MPH, DrPH Date : _____		Approved by Chancellor:  _____ Carmencita D. Padilla, MD, MAHPS 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



# UNIVERSITY OF THE PHILIPPINES MANILA

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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: _____ Date: _____	Endorsed by: _____ College Continuing Education Coordinator Signature over printed name Date : _____	
Endorsed by Head of Unit: _____ Date : _____		
Endorsed by: _____ OCE : Lenora C. Fernandez, MD, FPCCP, MSc Coordinator Date : _____	Endorsed by: _____ DIRECTOR: Leslie Michelle M. Dalmacio, PhD NGOHS Date : _____	
Approval Recommended by Vice Chancellor for Academic Affairs: _____ Nymia Pimentel Simbulan, MPH, DrPH Date : _____	Approved by Chancellor: _____ Carmencita D. Padilla, MD, MAHPS Date : _____	

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1. Requesting Unit/College
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**OFFICE OF CONTINUING EDUCATION**

**ORDER OF PAYMENT**

Date: \_\_\_\_\_

Title of course/workshop: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Actual No. of Participants: \_\_\_\_\_  
Net Income: \_\_\_\_\_  
2% of Net Income: \_\_\_\_\_

Endorsed by: \_\_\_\_\_  
OCE Coordinator: Lenora C. Fernandez, MD, FPCCP, MSc  
Date: \_\_\_\_\_

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**OFFICE OF CONTINUING EDUCATION**

**ORDER OF PAYMENT**

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\_\_\_\_\_  
Date: \_\_\_\_\_  
Actual No. of Participants: \_\_\_\_\_  
Net Income: \_\_\_\_\_  
2% of Net Income: \_\_\_\_\_

Endorsed by: \_\_\_\_\_  
OCE Coordinator: Lenora C. Fernandez, MD, FPCCP, MSc  
Date: \_\_\_\_\_