

UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St.,
Ermita, Manila 1000 Philippines
Tel: (632) 88141248 ● Email: upm-ngohs@up.edu.ph ● Website: ngohs.upm.edu.ph



APPLICATION FOR THE CONDUCT OF CONTINUING EDUCATION ACTIVITY

(To be submitted at least two months before the conduct of the CE activity)

College / Unit:	Faculty	-in-charge:		Contact details:		
Dept.:				Tel No.:		
•				E-mail :		
Title of course/workshop:	I			With Registration Fee:() Y / () N		
,				If Yes:		
				Reg. Fee Php:		
				Estimated Net Income:		
Sustainable Development Goal	addresse		Php			
Date:	Venue:			1		
Dutc.	v criuc.					
Target participants:		Target nun	her of	Professions Applied for:		
Target participants.		participant		Trolessions Applied for.		
		participant	5.			
				With CPD Units: () Y/() N		
Prepared by			Endorsed by:	Endorsed by:		
Faculty-in-charge: Signature over printed name		College Continuing Signature over printed name				
			Education Coord	inator		
Date:			Date :			
En	dorsed b	у				
		-	ature over printed i			
		_	1			
Endorsed by:			Endorsed by:			
OCE : Lenora C. Fernandez,M						
Coordinator Date:			DIRECTOR: Le	slie Michelle M. Dalmacio, PhD		
Coordinator Date.		NGOHS	she ivitenciae ivi. Builliacio, i lib			
			NGOHS	Date :		
Approval Recommended by			Approved by	Dute :		
Approval Recommended by Vice Chancellor for Academic Affairs:			Chancellor:			
vice Chancenor for Academic A	mans.		Chancenor.			
Nermin Dimental Circle 1	MDIII			oneita D. Dadilla MD. MALIDO		
Nymia Pimentel Simbulan, MPH, DrPH		_	Carmencita D. Padilla, MD, MAHPS			
Date :		Date :				

3. Cashier Division

 $^{{}^{*}}$ Office of the Continuing Education shall provide copies of the approved application form to:

^{1.} Requesting Unit/College

^{2.} Information Management Systems' Office



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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:		
			ne) OR # :		
Overall evaluation:					
Remarks:					
Prepared by		Endorsed by:			
		College Continuing Signature over printed name Education Coordinator			
Date:		Date :			
Endorsed by					
Head of Unit: Signature over printed name Date:					
Endorsed by:OCE: Lenora C. Fernandez,MD,FPCCP, MSc		Endorsed by: DIRECTOR: Leslie Michelle M. Dalmacio, PhD			
Coordinator Date:		NGOHS	Date :		
Approval Recommended by Vice Chancellor for Academic Affairs:		Approved by Chancellor:			
vice Chancenor for Academic Afra	1115.	Chancenor.			
Nymia Pimentel Simbulan, MPH, DrPH			encita D. Padilla, MD, MAHPS		
Date :		Date : _			

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- 1. Requesting Unit/College
- 2. Information Management Systems' Office
- 3. Cashier Division

OFFICE OF CONTINUING EDUCATION

ORDER OF PAYMENT

	Date:
Title of course/workshop:	-
Date:	
Net Income:2% of Net Income:	
2% of Net Illcome.	-
Endorsed by:	
OCE Coordinator: Lenora C. Fernandez, MD, FPCCP, MSc	
Date:	
OFFICE OF CONTIN	UING EDUCATION
OPDED OF	DAVAGENT
ORDER OF	PAYIVIENT
	Data
	Date:
Title of course/workshop:	
Title of course, workshop.	-
Date:	
Net Income:	
2% of Net Income:	
Endorsed by:	
OCE Coordinator: Lenora C. Fernandez, MD, FPCCP, MSc	
Date:	