



National Graduate Office for the Health Sciences
UNIVERSITY OF THE PHILIPPINES MANILA
 The Health Sciences Center
 3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St., Ermita,
 Manila 1000 Philippines
 Tel: (02-88141-247 • 02-88141-248 • 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: 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: _____ Date: _____	Endorsed by: _____ College Continuing Education Coordinator Date : _____	
Endorsed by _____ Head of Unit: _____ 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: Bernadette Heizel M. Reyes, MD, MHPED Date : _____	Approved by Chancellor: Michael L. Tee, MD, 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



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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: Carl Abelardo T. Antonio, MD, MPH NGOHS Date : _____	
Approval Recommended by Vice Chancellor for Academic Affairs: _____ Bernadette Heizel M. Reyes, MD, MHPed Date : _____	Approved by Chancellor: _____ Michael L. Tee, MD, MD, MHPed, MBA Date: _____	

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OFFICE OF CONTINUING EDUCATION

ORDER OF PAYMENT

Accounting Code: **TRUST FUND 184-439**

Date: _____

Payor: _____

Title of course/workshop: _____

Date: _____

Actual No. of Participants: _____

Net Income: _____

2% of Net Income: _____

Prepared by: _____

Endorsed by: _____

OCE Coordinator: Lenora C. Fernandez, MD, FPCCP, MSc

Date: _____