



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: 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, 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