

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:		ulty-in-charge:		Contact details:
Title of course/workshop:				
Date:	Ven	iue:		
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

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Revision: 0