



<b>POST - ACTIVITY REPORT</b>		
<b>(To be submitted within two (2) months after the conduct of the CE activity)</b>		
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: 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