Please Check Award Category

* **Distinguished Health Researcher Award**
* **Outstanding Novice Health Researcher Award**

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**1.Nominator’s Information**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Institution: |  |
| Email Address: |  |

**2.Nominee’s Information**

|  |  |
| --- | --- |
| Name: |  |
| Birthdate: |  |
| Institution: |  |
| Email Address: |  |
| Degree: |  |
| Google Scholar Profile URL (if any) |  |
| Honors/Awards : |  |

**Supporting comment from nominator (max. 300 words):**

|  |
| --- |
|  |

**Achievements**

1. List at least five (5) published research papers for Distinguished Health Research Award or one or a maximum of four (4) published research papers for Outstanding Novice Health Researcher Award.

Describe its major academic novelty or impact of the project on health service delivery, highlighting how the results were utilized as well as the benefits derived from their utilization. (Attach Abstract, Summary of Findings, Conclusions, and Recommendations.)

|  |  |  |
| --- | --- | --- |
|  | Title | Description |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

1. List of conferences where the papers were pitched/disseminated.

|  |  |  |
| --- | --- | --- |
|  | Conference | Position |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

c.) Advocacy in Promoting Health Research

c.1) List of public service as resource person/judge/evaluator.

|  |  |  |
| --- | --- | --- |
|  | Service | Position |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

c.2) List of public service as mentor/adviser/consultant. (Special Order, Certificate/Approval Sheet)

|  |  |  |
| --- | --- | --- |
|  | Service | Position |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

This is to certify that the information presented above is true and correct to the best of my knowledge

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominator’s Name and Signature Institution

SUBSCRIBED AND SWORN before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 25\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant having exhibited to me his/her Residence Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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