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## CERTIFICATE OF CANDIDACY

**INSTRUCTIONS:** (Read well before filling up this form.)

- Fill this in **TWO (2) LEGIBLE copies** with the PCEM office, **during regular office hours (8:00 AM to 5:00 PM ONLY)**, on any day except weekend and holidays from **Feb 1, 2013 to Feb 28, 2013.**
- Attach to this certificate, current Curriculum Vitae.

**I hereby announce my candidacy for the Philippine College of Emergency Medicine (PCEM) Board of Directors, in the April 14 - 16, 2013 elections, I hereby state the following:**

<b>1. NAME:</b> 1.1 Last Name <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 1.2 First Name <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 1.3 Middle Name <table border="1" style="width:100%; height: 1.2em;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																									<b>12. GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>13. AGE:</b> <hr style="width: 80%; margin: 0;"/>			
<b>14. DATE OF BIRTH:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 10%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 10%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">[ ]</td> <td style="width: 5%; text-align: center;">[ ]</td> </tr> <tr> <td align="center">Month</td> <td></td> <td align="center">Day</td> <td></td> <td align="center">Year</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			[ ]	-	[ ]	-	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Month		Day		Year																																																												
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<b>3. OFFICIALLY NOMINATED BY:</b> 3.1 _____ (Name and Signature of PCEM Fellow in Good Standing)  3.2 _____ (Name and Signature of PCEM Fellow in Good Standing)																																																																													
<b>4. ADDRESS:</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																												<b>16. CIVIL STATUS:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married	
<b>5. FELLOW OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE FOR:</b> _____ No. of Years	<b>17. HOSPITAL AFFILIATION:</b> <hr style="width: 80%; margin: 0;"/>																																																																												

6. I AM LICENSED BY THE PROFESSIONAL REGULATION COMMISSION  
 7. I AM A DIPLOMATE OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE.  
 8. I AM A FELLOW IN GOOD STANDING.  
 9. I AM IN GOOD STANDING WITH THE PHILIPPINE MEDICAL ASSOCIATION AND IN MY LOCAL MEDICAL SOCIETY.  
 10. I AM ELIGIBLE FOR THE OFFICE I SEEK TO BE ELECTED TO.  
 11. I WILL SUPPORT AND DEFEND THE BY-LAWS OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE AND WILL MAINTAIN TRUE FAITH AND ALLEGIANCE THERETO. I WILL OBEY THE LAWS, LEGAL ORDERS AND DECREES PROMULGATED BY THE DULY CONSTITUTED AUTHORITIES. I IMPOSE THIS OBLIGATION UPON MYSELF VOLUNTARILY, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION.  
 12. IF ELECTED, I WILL ENDEAVOR TO FULFILL THE DUTIES OF MY OFFICE TO THE BEST OF MY ABILITIES.

I hereby certify that the facts stated herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Candidate Over Printed Name