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|  | **Professional Regulation Commission** |
| **RESUME OF RESOURCE PERSON** |

RECENT 2X2 PICTURE (color photo with white background)

**CPD Council of/FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Alternate** **Substitute**

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| **Part I. Personal Circumstances** | | | | | | | | | |
| Name: | | | | | | Nickname: | | | |
| Residence Address: | | | | | | Contact Details  Landline No.:  Mobile No. 1:  Mobile No. 2:  Email Add.: | | | |
| Business Address: | | | | | |
| Nationality/Citizenship: | | | | | |  | | | |
| *Note: The CPD Council shall be informed of any change/s on resource person/s at least 10 days before the CPD program offering. Substitute resource person may submit this duly accomplished form three (3) days from the completion of the CPD program.* | | | | | | | | | |
| **Part II. Track Record** | | | | | | | | | |
| Major Competency Areas | | Specialization | | | | Sub-Specialization | | | |
|  | | | |  | | | |
| Relevant Seminars/Training Programs **Conducted** in the last five (5) years | | | | Relevant Seminars/Training Programs **Attended** in the last five (5) years | | | | | |
| Date | Title of the Program | | | Date | | | Title of the Program | | |
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| **Major Achievements, Citations, Recognition and Awards** | | | | | | | | | |
| Date | Title | | | | Awarding Body | | | | |
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| **Part III. Education and Employment** | | | | | | | | | |
| Educational Background | | Name of School/University | Address | | | | | Inclusive Dates | Degree Earned |
| College | |  |  | | | | |  |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
| Post-Graduate | |  |  | | | | |  |  |
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|  |  | | | | |  |  |
| Work Experience: Five (5) most recent | | Position | Agency/Company | | | | | | Inclusive Dates |
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| **Part IV. Other Relevant Information** | | | | | | | | | |
| Profession/s |  | License No. |  | | Issued on: |  | Valid until: |  | |
|  |  | |  |  | |
| AIPO Membership | | National/Chapter | | | | Position | | | Date |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |
|  | |  | | | |  | | |  |
| Other Major Affiliations (Professional, Civic) | | National/Chapter | | | | Position: | | | Date |
|  | |  | | | |  | | |  |
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| I hereby certify that the above information written by me are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.  I am agreeing to the PRC Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | [Electronically paste here your scanned PRC ID for professionals or other government-issued or company ID] | | | | | |