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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 |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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] |