



Department of Science and Technology
PHILIPPINE COUNCIL FOR HEALTH RESEARCH AND DEVELOPMENT

**BEST MENTOR IN HEALTH RESEARCH AWARD
Curriculum Vitae (CV) of the Nominee**

Latest
ID picture

1. Name of nominee _____
(Family) (First Name) (Middle Initial)
2. Permanent Address _____
_____ Citizenship _____
3. Educational background
3.1. Highest educational attainment _____
3.2. Degree course _____
3.3. Name & Address of school _____

4. Employment
4.1. Institutional affiliation _____
4.2. Complete Address _____
4.3. Present Job Position _____
4.4. Brief Job Description _____
5. Contact Details:
5.1. Telephone number (Office) _____ 5.2. Fax No. _____
5.3. Telephone number (Residence) _____ 5.4. Fax No. _____
5.5. Mobile Number _____
5.6. Email Address _____

6. Research involvement in the last 5 years

**Nominee must have a minimum of 3 years of research mentoring work*

A. Research Guidance

As Adviser/Mentor

Name of Mentee/Advisee	Title of Project/Research	Type of Research ¹	Status ²

¹thesis, dissertation, institutional research, etc.

²completed, on-going, and other relevant information ex. the advisee/mentee is a recipient of the thesis award, etc.

**submit copies of publication or abstracts for unpublished researches*

**in a separate sheet describe the mentoring work done including the contact details of the mentees/advisees*

B. Track Record in Research

B.1. Publications

B.1.1. Publications - As Main Author/Contributor of a research publication

Locally Published (peer reviewed)

Research Title	Date of Publication	Name of Publication

*copies of abstracts must be attached

Internationally Published (peer reviewed)

Research Title	Date of Publication	Name of Publication

*copies of abstracts must be attached

B.1.2. Publications - As Co-author of a research publication

Locally Published (peer reviewed)

Research Title	Date of Publication	Name of Publication

*copies of abstracts must be attached

Internationally Published (peer reviewed)

Research Title	Date of Publication	Name of Publication

*copies of abstracts must be attached

B.2. Awards

B.2.1. Awards Received - As Main Author/Principal Investigator

Locally funded research

Research/Project Title	Award Received	Award Giving Body	Date Received

*copies of the following must be attached: sample program, certificate of recognition, pictures and abstracts/executive summary

Internationally funded research

Research/Project Title	Duration	Funding Agency

*copies of the following must be attached: sample program, certificate of recognition, pictures and abstracts/executive summary

B.2.2. Awards Received - As Co-author/Member Research Team

Locally funded research

Research/Project Title	Duration	Funding Agency

**copies of abstracts/executive summaries of the above projects must be attached*

Internationally funded research

Research/Project Title	Duration	Funding Agency

**copies of abstracts/executive summaries of the above projects must be attached*

B.3. Papers presented

Local conference, workshop (oral or poster)

Research/Project Title	Duration	Funding Agency

**copies of abstracts/executive summaries of the above projects must be attached*

International conference, workshop (oral or poster)

Research/Project Title	Duration	Funding Agency

**copies of abstracts/executive summaries of the above projects must be attached*

B.4. Completed Researches (but not yet published) during the last 3 years

Research/Project Title	Duration	Funding Agency

C. Dedication in Promoting Research

C.1. as Professor/Adviser/Panel Member/Critic

Subjects Taught	Name of Institution	Trainees ¹	Date ²

¹indicate categories of mentees: undergraduate level, graduate level, etc.

²semester/school year

*necessary documents may be attached

C.2. as Research/ Health-related Policies Advocate

Advocacy	Purpose	Date	Type of Involvement ¹	Audience/ Participants

¹as organizer, resource person, etc.

*sample program may be attached

C.3. as Reviewer of Refereed Journal Article/Editor/Member of editorial board/team

Title of Article	Name of Journal	Date Published

*sample article may be attached

C.4 as Member of Professional Organization/Network

Name of Networks/Consortia/ Organizations	Participants/ Members	Type of Involvement	Status

*sample document and pictures must be attached (scanned documents/pictures are acceptable)

C.5. as Trainer/Resource Person/Lecturer

Topic	Name of Organizer	Participants of the Training Program ¹	Date and Duration of the Training	Venue

¹ ex. faculty members, research directors, etc.

*copies of certificates of attendance indicating the roles: reactor/panelist/speaker/resource person

C.6. Others (as Research Manager/Director, Coordinator, Evaluator)

Activity	Participants/ Members	Type and Scope of Involvement	Date/Duration of Involvement

*necessary documents may be attached

D. Contribution towards a supportive research environment

- D.1. Providing research opportunities as organizer/initiator of program, project, policy; as organizer/initiator/member of team for workshops, conferences, training courses
- D.2. Providing research opportunities as director/chair/administrator for research; as study group leader; as research team leader

7. References (with permission)

7.1. Mentees/Advisees (at least five)

Name of Mentee/Advisee	Company/School Affiliation	Company/School Address	Contact Details (email/mobile nos.)

**submit a narrative description (1000-1500 words) of the nominee's contribution to the success of each of the mentee/advisee in a sealed envelope*

7.2. Character References (at least 3)

Name	Company/School Affiliation	Company/School Address	Contact Details (email/mobile nos.)

**submit recommendation letters in a sealed envelope*

This is to certify that the information given in this CV is true and correct.

Name and Signature of the Nominee

Date of Submission

Submit the accomplished CV with the latest ID picture and the required documents not later than the deadline of submission to the regional consortium secretariat or to PSS c/o DOST-PCHRD (for ASTHRDP scholars only).