

Republic of the Philippines  
EXCHANGE VISITORS PROGRAM COMMITTEE  
Manila, Philippines

2 X 2 I.D.  
PICTURE

APPLICATION FOR "NEED FOR TRAINING" CERTIFICATE

Form 0 INTC95

REF. NO.

NOTE: Please type or write legibly. Use additional papers if necessary. Please do not leave any blanks or questions

PERSONAL DATA:

NAME \_\_\_\_\_ SEX :  Male  Female  
(Last) (First) (Middle)

DATE OF BIRTH 31/Dec/2001 PLACE OF BIRTH \_\_\_\_\_  
(Day/Month/Year) (Town) (Province)

NATIONALITY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ RELIGION \_\_\_\_\_

CIVIL STATUS  Single  Married  Widowed  Separated  Divorced

NAME OF \_\_\_\_\_ NATIONALITY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
SPOUSE (Last) (First) (Middle)

CHILDREN (If any)

NAME	DATE OF BIRTH	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE YOU UNDER PETITION?  YES  NO BY WHOM? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

IS YOUR SPOUSE UNDE PETITION  YES  NO BY WHOM? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ANY OF YOUR CHILDREN UNDER PETITION?  YES  NO BY WHOM? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHIL HOME ADDRESS \_\_\_\_\_ TEL NO. \_\_\_\_\_

\_\_\_\_\_ FAX NO. \_\_\_\_\_

US ADDRESS \_\_\_\_\_ FAX NO. \_\_\_\_\_

\_\_\_\_\_ FAX NO. \_\_\_\_\_

IMMEDIATE RELATIVE IN THE PHILIPPINES:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

EDUCATONAL BACKGROUND:

SCHOOL GRADUATED (COLLEGE LEVEL) \_\_\_\_\_ TEL. NO. \_\_\_\_\_

DEGREE OBTAINED \_\_\_\_\_

SCHOOL GRADUATED (POST-GRADUATE) \_\_\_\_\_ TEL. NO. \_\_\_\_\_

HIGHEST DEGREE OBTAINED \_\_\_\_\_

FOR MEDICAL PROFESSION ONLY:

PLACE OF INTERNSHIP \_\_\_\_\_ YEAR OF INTERNSHIP \_\_\_\_\_

TRAINING/SCHOLARSHIP GRANT

INCLUSIVE YEAR

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

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

PROFESSIONAL LICENSES/BOARD CERTIFICATES/ELIGIBILITIES

YEAR OBTAINED

DATE OF

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

12/31/2001  
12/31/2001  
12/31/2001

EMPLOYMENT DATA:

PRESENT POSITION/OCCUPATION \_\_\_\_\_ PERIOD OF EMPLOYMENT: FROM 12/31/2001 TO 12/31/2001

NAME AND COMPANY OF PRESENT EMPLOYER \_\_\_\_\_ TEL. NO.

ADDRESS OF PRESENT EMPLOYER \_\_\_\_\_ FAX NO.

BRIEF DESCRIPTION OF WORK \_\_\_\_\_

DO YOU HAVE ANY PENDING ADMINISTRATIVE/CRIMINAL CASE?  YES  NO IF YES, GIVE PARTICULARS

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

REQUEST FOR THE "NEED FOR TRAINING CERTIFICATE":

INTENDED SPECIALIZATION OF TRAINING \_\_\_\_\_ PERIOD OF TRAINING: FROM 12/31/2001 TO 12/31/2001

PLACE OF TRAINING \_\_\_\_\_

ARE YOU A PREVIOUS EVP PARTICIPANTS?  YES  NO INCLUSIVE DATES:

HOW WILL YOUR EVP FINANCED: (indicate sponsoring agency and attach supporting documents including course outline/brochure)

- GOVERNMENT FINANCED \_\_\_\_\_
- PERSONALLY FINANCED \_\_\_\_\_
- NON-GOVERNMENTORGANIZED FINANCED \_\_\_\_\_

REASON FOR TRAINING \_\_\_\_\_

Job Preferences and rank each item:

- |                                      |   |                                  |
|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Government  | <input type="checkbox"/> Administrative   | <input type="checkbox"/> Service |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Others  |
| <input type="checkbox"/> Research    | <input type="checkbox"/> Manufacturing    |                                  |

I hereby declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

I, \_\_\_\_\_ hereby agree to comply with [the two-year home residency requirement](#) of the Exchange Visitor's Program (EVP) and shall not seek under any circumstances a waiver of this requirement. As part of the EVP, I also commit to practice in the specialty as to which I was trained for.

Date:

Signature of Participant: \_\_\_\_\_

NOTE:

1. Application Form should be accomplished in six (6) copies.
2. Documents coming from the United States should be authenticated by the Philippine Embassy/Consulate.

ENCLOSURE:

1. Certification of appointment for Acceptance from the university or training Institution in the U.S.
2. Valid Certificate of registration and Professional License from PRC.