



**NOMINATION FORM FOR UPMAS ALUMNI AWARDS 2025**

The UP Medical Alumni Society (UPMAS), through the UPMAS Alumni Awards, recognizes the exceptional achievements of alumni of the University of the Philippines College of Medicine (UPCM), who are based either locally or internationally.

UPMAS Alumni Awards are given to deserving UPMAS life members who are good moral and professional standing. Nominees must be a UPCM alumnus / alumna and UPMAS life members who are, and must be nominated by another UPMAS life member. These Awards are given only when there are nominees that meet the standard for granting the award (may not be annually). Awardees must attend the UPMAS Alumni Awards on **Thursday, December 18, 2025 at Shangri-La The Fort, Manila.**

<div>NOMINATION PERIOD DEADLINE</div> <div>September 15, 2025 5:00PM MNL Time</div>	<div>Call for nomination is annually. Only complete and properly accomplished forms will be accepted. Results will be released two (2) weeks after the end f the nomination period deadline. There may be multiple awardees/winners for each category.</div>
---	--

UPMAS ALUMNI AWARD NOMINEE		UPMAS ALUMNI AWARD NOMINATOR	
<div>1) Full name</div> <div>Family name4) UPCM Class</div> <div>Given nameFor Group Categories</div> <div>Middle name<input type="checkbox"/> Class<input type="checkbox"/> Family</div>		<div>1) Full name</div> <div>Family name4) UPCM Class</div> <div>Given nameFor Group Categories</div> <div>Middle name<input type="checkbox"/> Class<input type="checkbox"/> Family</div>	
<div>2) Mailing Address</div> <div>No. / Street / Baranggay5) UPMAS Life Member</div> <div>City, State / Province<input type="checkbox"/> Yes<input type="checkbox"/> No</div> <div>CountryZip Code6) Telephone</div> <div>7) Mobile</div>		<div>2) Mailing Address</div> <div>No. / Street / Baranggay5) UPMAS Life Member</div> <div>City, State / Province<input type="checkbox"/> Yes<input type="checkbox"/> No</div> <div>CountryZip Code6) Telephone</div> <div>7) Mobile</div>	
<div>3) Email Address</div> <div>8) Fax</div>		<div>3) Email Address</div> <div>8) Fax</div>	

**PERSONAL AND PROFESSIONAL DETAILS OF THE NOMINEE**

<div>9) Academic affiliation or Professional Designation</div> <div>Department / Institute / OfficeCollege / UnitUniversity / Institution</div>		
<input type="checkbox"/> Teacher <input type="checkbox"/> Medical Service <input type="checkbox"/> Community Service <input type="checkbox"/> Researcher		<div>Inclusive years of Employment</div> <div><input type="checkbox"/> Permanent<input type="checkbox"/> Temporary, until</div>
<div>Position / Rank</div> <div>Work Description</div>		
<div>Office Address</div> <div>Office / Department / HospitalFloor No. / Unit No. , Street Name</div> <div>BaranggayCityState/ProvinceCountryZip Code</div>		

<div>10) Birth Information</div> <div>MonthDayYearPlace of BirthNationality</div> <div>Date of Birth / /</div>		
--	--	--

<div>11) Civil Status</div> <div><input type="checkbox"/> Single<input type="checkbox"/> SeparatedIf married, name of SpouseOccupation of SpouseNationality of Spouse</div> <div><input type="checkbox"/> Married<input type="checkbox"/> Widowed</div>			
---	--	--	--

Nominee Name (Last name, Given Name, Middle Name)	Date of Nomination (MM/DD/YYYY)
---	---------------------------------

NOMINATION CATEGORY ( Please check ☒ only one category)

INDIVIDUAL CATEGORIES

☐ **UPMAS DISTINGUISHED ALUMNUS AWARD**

Gives recognition to an alumnus/alumna who brings distinct honor to UPCM and UPMAS through exceptional achievements and excellent contributions in his/ her chosen field. Through sustained interest and participation in medical endeavors, he/she has given substantial benefits to society in the local, national, or international level. Nominees must be at least twenty-five (25) years from graduating from UPCM, and must be distinguished in any of the following:

1. Distinguished teacher or trainor in a recognized medical school or institution;
2. Distinguished clinical specialist or public health specialist;
3. Distinguished researcher or creative creator in science, technology, national development policies, and community programs; and
4. Distinguished leader/administrator, holding important or key positions in the community, academe, or country.

☐ **UPMAS OUTSTANDING EDUCATOR AWARD**

Gives recognition to an alumnus/alumna based locally or internationally, who is an effective and inspiring leader in the field of teaching medical education. Nominees must have at least fifteen (15) years of experience in teaching at a recognized Philippine medical school or institution, and must exemplify the following qualities as a medical educator:

1. Caring and compassionate mentor who teaches and advises medical students or healthcare givers;
2. Possesses personal traits needed to practice patient-centered medicine; and
3. Recognized as an educator through award testimonials or citations for teaching students or fellow faculty members.

☐ **UPMAS OUTSTANDING RESEARCHER AWARD**

Gives recognition to an alumnus/alumna based locally or internationally, who has produced substantial impact on people, geographical area, or sector through research in biomedicine and public health. This impact can be measured qualitatively (how deep or how transformative) or quantitatively (how many people or groups benefited within the area or sector). Nominees must have completed at least five (5) researches as Principal Investigator, and researches must:

1. Have research findings that can contribute to science, technology, national development policies and programs, culture, and well-being of the Philippines;
2. Be published in peer-reviewed journals, or presented in local or international conferences; and
3. Have received recognitions, citations, awards, etc., nationally or internationally, from academic institutions or scientific societies.

☐ **UPMAS OUTSTANDING MEDICAL SERVICE AWARD**

Gives recognition to an alumnus/alumna based in the Philippines at the time of nomination, who is selflessly dedicated to community medical service, working and serving beyond private or personal interest to benefit other people or groups at large. Nominees must have rendered at least ten (10) years of medical service in a hospital or institution for the underserved, indigent, and marginalized, and must have the following characteristics:

1. Distinguished medical practitioner who is committed, dedicated, and relevant;
2. Has developed or implemented an innovative approach to rendering medical service within a hospital or institution, preferably for serving the indigent and marginalized; and
3. Has worked with other disciplines within the hospital or institution, and has demonstrated a genuine partnership with its various sectors, including patients.

☐ **UPMAS OUTSTANDING IN COMMUNITY SERVICE AND PUBLIC HEALTH AWARD**

Gives recognition to an alumnus/alumna based in the Philippines at the time of nomination, who is devoted to community service. Nominees must have rendered at least ten (10) years of community, population-based, or public health service, and must have the following characteristics:

1. Distinguished community, population-based, or public health worker who is committed, dedicated and relevant;
2. Has developed or implemented an innovative approach to rendering community, population-based, or public health service that is focused on health promotion and disease prevention;
3. Has contributed significantly to the improvement and development of health conditions of a community, group, or sector, preferably the indigent and marginalized; and
4. Has worked with all disciplines within the community, especially the marginalized, and has demonstrated a genuine partnership with tis various sectors in developing, implementing, monitoring, and evaluating community, population-based, and public health programs.

GROUP CATEGORIES

☐ **UPMAS MOST DISTINGUISHED CLASS OF THE YEAR AWARD**

Gives recognition to a UPCM class whose members have collectively rendered the most contributions for the advancement of the medical profession through service to UPMAS, to UPCM, and to the Philippines. Nominees must be at least twenty-five (25) years from graduating from UPCM, and at least (2/3) of the members of the class must be UPMAS life members. Nominees must have class members with the following characteristics:

1. Distinguished as national or community leaders, as teachers or educators, as scientists or researchers, or as administrators of health-related institutions.

☐ **UPMAS ALUMNI FAMILY OF THE YEAR AWARD**

Gives recognition to a family whose members have collectively served the medical profession, regardless of place of residence or citizenship. Nominees must have at least one (1) parent and one (1) child who are UPCM alumni. All living alumni family members of the nominee must be UPMAS life members of good moral and professional standing, must have rendered some years of service to the Philippines after graduating from UPCM, and must continue to uphold the values and principles of UPMAS and UPCM. Nominees and their alumni family members must have the following characteristics:

1. Distinguished medical professional in the academic and/or research community; and
2. Actively involved in civic and community work.

**SUPPORTING DETAILS OF NOMINEE** - Please limit to pertinent information needed to support the nomination to a specific UPMAS Award. The information given must show the exceptional qualities and achievements of the nominee, and must explain the impact of the activities, achievements and contributions of the nominee on society in the local, national or international level.

12) Academic Background - Please limit to six (6) most important information that will reflect academic excellence and honors received.

1 - Institution	Inclusive years of attendance	Degree	Honors received
2 - Institution	Inclusive years of attendance	Degree	Honors received
3 - Institution	Inclusive years of attendance	Degree	Honors received
4 - Institution	Inclusive years of attendance	Degree	Honors received
5 - Institution	Inclusive years of attendance	Degree	Honors received
6 - Institution	Inclusive years of attendance	Degree	Honors received

13) Past Employment and affiliations - Please limit to six (6) most important information that will reflect excellence, innovations, dedication, and service.

1 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description
2 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description
3 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description
4 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description
5 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description
6 - Position and employer / institution / unit	Inclusive years of employment	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Work Description

14) Honors and Awards - Please limit to six (6) most important information that will reflect excellence, innovations, dedication, and service.

1 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award
2 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award
3 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award
4 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award
5 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award
6 - Name of award and Award-giving body	Date & Place Received	<div><input type="checkbox"/> Education / Training</div> <div><input type="checkbox"/> Research</div> <div><input type="checkbox"/> Medical Service</div> <div><input type="checkbox"/> Community Service</div>	Description of honor/award



Nominee Name (Last name, Given Name, Middle Name)		Date of Nomination (MM/DD/YYYY)		
16) Professional/Medical/Community Service - Please limit to ten (10) most important information that will reflect excellence, innovation, dedication and service. Please limit to activities of Organizations/Institutions/ Unit that nominee has served as Head / President / Chair.				
1 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
2 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
3 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
4 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
5 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
6 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
7 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
8 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
9 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International
10 - Sponsoring Organization / Institution / Unit and Title of Activity	Inclusive dates of activity	Significance or impact of activity	<input type="checkbox"/> Local	<input type="checkbox"/> National <input type="checkbox"/> International

17) FAMILY INFORMATION- (Only for UPMAS FAMILY OF THE YEAR NOMINEES)				
Family name of Nominee				
Name of UPCM Alumnus / Alumna (Please fill out only when applicable)	UPCM Class	UPMAS Life Member		For overseas residents
		YES	NO	year of Philippine departure
Grandfather (Paternal)		<input type="checkbox"/>	<input type="checkbox"/>	
Grandmother (Paternal)		<input type="checkbox"/>	<input type="checkbox"/>	
Grandfather (Maternal)		<input type="checkbox"/>	<input type="checkbox"/>	
Grandmother (Maternal)		<input type="checkbox"/>	<input type="checkbox"/>	
Father		<input type="checkbox"/>	<input type="checkbox"/>	
Mother		<input type="checkbox"/>	<input type="checkbox"/>	
Children		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Grandchildren		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

DOCUMENT CHECKLIST

Gather your documents in order of the checklist and ☒ each item.

If any of the required document listed below are missing, the processing of your application could be adversely affected.

**I have attached the following items:**

☐ Fully accomplished nomination form for UPMAS Alumni Awards 2025 (soft copy saved as .pdf)

- File name of the soft copy (pdf) must be name of the nominee as follows: **Family name, Given name.**
- For Group Categories, soft copy (pdf) must be named as follows: **Class or Family - Family name, Given name of group representative.**

☐ One (1) photograph (Half body shot or group shot) of the nominee/s that can be used for publication (soft copy saved as .jpeg format).

- File name of the soft copy (jpeg) must be name of the nominee as follows: **Family name, Given name.**

☐ If available, diplomas and certificates to support information in items #13 Past Employment, #14 Honors and Awards, and #16 Professional / medical / community service (soft copy saves as jpeg or pdf format).

- File names of the soft copies (jpeg/pdf) must be labelled **13-1 to 13-6, 14-1 to 14-6 or 16-1 to 16-10**, to match the entries in the nomination form, and must be saved in common folders with names **Past employment of Family name, Given name, Honors and awards of Family name, Given name or Professional / medical / community service of Family name, Given name**, respectively.

☐ If available, research publications to support information in item #15 Researches and Publications (soft copy saved as pdf).

- File names of the soft copies (jpeg/pdf) must be labelled **15-1 to 15-10**, to match the entries in the nomination form, and must be saved in a common folder with name Researches and publications of **Family name, Given name.**

☐ Essay or report (no page limit) with explanation/justification for the Award (soft copy saved as pdf file)

- File name of the soft copy (pdf) must reflect the name of the nominee as follows: **Report for Family name, Given name.**
- For group categories, soft copy (pdf) must be named as follows: **Report for Class or Family - Family name, Given name of group representative.**

☐ Write-up not more then 200 words long that summarizes the nomination for the Award (soft copy saved as pdf file).

- File name of the soft copy (pdf) must reflect the name of the nominee as follows: **Summary for Family name, Given name.**
- For group categories, soft copy (pdf) must be named as follows: **Summary for Class or Family - Family name, Given name of group representative.**

**NOTE:** Optional for Group categories, UPMAS Distinguished Class of the Year Award and UPPMAS Alumni Family of the Year Award, submit as many individual nomination forms for each UPCM Class Member or Alumni Family member that will distinguish themselves as national community leaders, teachers / educators, researcher, or administrators of health-related institutions. This Nomination Form may take place of a Curriculum Vitae.

CONFORME

I am a bona fide UPMAS Lifetime Member and I consent to:

- Abide by the guidelines for UPMAS Alumni Awards 2025 set by the UP Medical Alumni Society (UPMAS).
- The release of information written and enclosed in this application form as deemed fit by UPMAS.
- Accept the decision of UPMAS on the UPMAS Alumni Awards 2025 as final.
- Attend the UPMAS Alumni Awards on Thursday December 18, 2025 at Shangri-La The Fort, Manila.

Important:

- In the event that the awardee declines to accept the award and/or fails to attend the awarding ceremonies, UPMAS reserves the right to withdraw the award.
- For the Most Distinguished Class of the Year and Alumni Family of the Year, all alumni members of the class or family so recognized are expected to attend the UPMAS Homecoming Ball and Alumni Awards Night. However, at least one (1) alumnus/alumna members is required to personally accept this recognition in behalf of the class or family.

**I declare that I have answered all questions in this nomination fully and truthfully.**

Signature of Applicant

Date: MM/DD/YYYY

Signature of Nominator

Date: MM/DD/YYYY

To be filled out by UPMAS Secretariat

Date received: MM/DD/YYYY

Received by: Signature over printed name