



National Center for Mental Health

06 December 2022

MEMORANDUM

NO. 2022- 0142

FOR : CHIEF OF SERVICES, SECTIONS, OFFICES AND TRAINING COORDINATORS

FROM : NOEL V. REYES, MD, FPPA, MMHoA,
Medical Center Chief II
National Center for Mental Health

SUBJECT : Use of Official Format and Template for Certificates

To provide standard templates in the issuance of certificates regarding learning and development activities, the following shall be observed:

Type of Certificate	Definition	Signatory/ies
Certificate of Completion <i>(see annex A)</i>	Issued to participants of short courses who fulfilled all of the requirements and attended at least 90% of the total number of training hours	<ul style="list-style-type: none"> • Medical Center Chief II <i>(for external stakeholders)</i> • Chief PETRO • Chief of organizing office
Certificate of Attendance <i>(see annex B)</i>	Issued to participants of orientation, lay fora, lecture and alike who fulfilled all of the requirements (pre/ post-test, evaluation)	
Certificate of Appreciation <i>(see annex C)</i>	Issued to invited individuals and partner institutions (i.e. resource persons, moderators, facilitators) for significant contributions	
Certificate of Appearance <i>(see annex D)</i>	Issued to certify the presence of a non-employee/ stakeholder who conducted official business in NCMH such as meetings, etc.	Chief of coordinating office

- 1) The name in the certificate should be full name without any academic or any post-nominal abbreviation (PhD, MD, Atty., etc).
- 2) The PETRO shall issue and release the certificates of appreciation, completion and attendance (Completion and Attendance are issued with certificate number).
- 3) The certificates of completion, attendance and appreciation shall have the official seal of the Center.
- 4) The Certificate of Appearance shall be issued by the coordinating office.

For information and guidance.

"There is no Health without Mental Health"



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Certificate of Completion (see annex A)	Issued to participants of short courses who fulfilled all of the requirements and attended at least 90% of the total number of training hours	<ul style="list-style-type: none">• Medical Center Chief II (for external stakeholders)• Chief PETRO• Chief of organizing office
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Department of Health
NATIONAL CENTER FOR MENTAL HEALTH
Mandaluyong City
PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE



CERTIFICATE OF COMPLETION

Presented to :

Name _____

for successfully completing the course entitled,

" _____ " _____

on _____ Date _____

Given this _____ th day of _____ month _____ 20____.

NAME
Chief PETRO

NAME
Chief, Name of office

NAME
Medical Center Chief II

CERTIFICATE NO. _____

Note: Not valid without official seal.

PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE

CERTIFICATE OF ATTENDANCE

certifies that

Name

_____ has attended the activity entitled,
" _____ Title "

Resource Speaker: _____ Name _____
Date: _____ Date and no. of hours _____
Venue: _____ Venue _____
Certificate No. _____ Code _____

NAME
Chief, Name of Office

NAME
Chief PETRO

ANNEX D

NAME OF COORDINATING OFFICE

CERTIFICATE OF APPEARANCE

TO WHOM IT MAY CONCERN:

This is to certify that _____ of (Name of Agency/ Institution)
appeared in this Office on (date and time) to (purpose/ official business transaction).

NAME OF CHIEF/ HEAD OF OFFICE
Designation
Name of Office



Republic of the Philippines
Department of Health
National Center for Mental Health
Mandaluyong City



PROFESSIONAL EDUCATION, TRAINING AND RESEARCH OFFICE

This
CERTIFICATE OF APPRECIATION
is hereby given to

Taylor Alonso

As Resource Speaker/Moderator/Facilitator on
" _____ Title _____ "
on Date and Venue.

Given this ___th day of Month 20__.

NAME

Chief, Name of Office

NAME

Chief, PETRO

NAME

Medical Center Chief II