



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

June 11, 2018

MEMORANDUM

FOR : ALL CHIEFS/DIRECTORS OF MEDICAL CENTERS, HOSPITALS, SANITARIA, TREATMENT AND REHABILITATION CENTERS, CORPORATE/SPECIALTY HOSPITALS, AND OTHERS CONCERNED

FROM : MA. THERESA G. VERA, MD, MSc, MHA, CESO III
Director IV
Health Human Resource Development Bureau

SUBJECT : Revised Requirements for the Endorsement of Physicians for Residency and Fellowship Training

Pursuant to the provision of Administrative Order No. 29 series of 1994 entitled "Medical Human Resource Development and Placement Program (MHRDPP) in the Department of Health" all types of entry for residency and fellowship training programs should be endorsed by their Chiefs of Hospital / Medical Center Chiefs with corresponding Training Agreements and Memorandum of Agreement (MOA), if the training is in a non-DOH hospital.

As such, all DOH hospitals sending trainees for residency and/or fellowship training programs are required to submit the following documents to the Health Human Resource Development Bureau for processing of endorsements:

- 1) First Endorsement from the Chief of Hospital / Medical Center;
- 2) Second Endorsement from the Regional Director;
- 3) Application Form (Annex A);
- 4) Latest Service Record;
- 5) Training Agreement between the sending hospital and physician (Annex B);
- 6) Copy of Acceptance Letter from the training provider;
- 7) MOA between DOH sending hospital and non-DOH hospital.

For queries, please contact our office through telephone number (02) 651-7800 local 4250-53 and look for Ms. Mary Grace A. Del Mundo or Ms. Carina Ruth R. Violan or email to idd.hhrdb.doh@gmail.com.

Thank you very much.



RESIDENCY / FELLOWSHIP TRAINING

Documentary Requirement Checklist

Requirements	Applicant	HHRDB
1) Endorsement from the Chief of Hospital / Medical Center		
2) Endorsement from the Local Chief Executive, if applicable		
3) Endorsement from the Regional Director		
4) Application Form (Annex A) (2 copies)		
5) Latest Service Record		
6) Notarized Return Service Agreement between the sending hospital and physician (Annex B) (2 copies)		
7) Copy of Acceptance Letter from the training hospital		
8) Copy of MOA between DOH sending hospital and non-DOH hospital, if applicable		
<p>Reminder:</p> <ul style="list-style-type: none"> • Applicant should be appointed in the position for at least a year. • Applicant from LGU applying for training to a non-DOH hospital need not to be coursed through DOH-HHRDB. 		

To be filled out by DOH-HHRDB Staff:

Date Received (by LDD): _____

Remarks:



Republic of the Philippines
Department of Health
HEALTH HUMAN RESOURCE DEVELOPMENT BUREAU

ID Picture
1 x 1

APPLICATION FORM FOR RESIDENCY / FELLOWSHIP TRAINING

TYPE OR PRINT ALL ENTRIES

Applicant's Information

_____		_____		_____	
Last Name		First Name		Middle Name	
Date of Birth (mm/dd/yyyy):		Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:	
Present Position:		Type of Appointment: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		Date of Appointment (mm/dd/yyyy):	
Hospital:			Department:		
Mobile Number:			E-mail Address:		

Educational Background

Level	Name of School	Degree / Course	Period of Attendance (mm/yyyy)		Highest Level / Units Earned (if not graduated)	Year Graduated
			From	To		
Graduate Studies						
Graduate Studies						
College						
College						

(Continue on separate sheet if necessary)

Learning and Development (L&D) Interventions / Training Programs Attended

(start from the most recent work L&D/training and include only the relevant L&D/training taken for the last three years)

Title of L&D Interventions / Training Programs (write in full)	Inclusive Dates of Attendance (mm/dd/yyyy)		Conducted By (write in full)
	From	To	

(Continue on separate sheet if necessary)

Training Application

Application for: <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship	Field of Training:	Specialty center in current institution (existing / on-going):
List in order of preference, the training hospital and date of commencement where you would like to have your training:		
1. Training Hospital: _____	Start Date: _____	
2. Training Hospital: _____	Start Date: _____	
3. Training Hospital: _____	Start Date: _____	

Applicant's Signature over Printed Name

Date



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RETURN SERVICE AGREEMENT

I, _____, _____ in
(Position)
 _____ in consideration of my grant to undergo training for a
(Hospital)
 period of _____ months/years commencing _____, do hereby agree:

1. **THAT**, upon pursuing my training, I shall comply with all rules and regulations applicable to my grant and such other rules and regulations as may thereafter be prescribed by the Department of Health;
2. **THAT**, upon completion of my training, I shall return to my assignment in _____ where my special training under this grant can be utilized to the fullest advantage and the best interest;
3. **THAT**, I shall conform with the plan of training arranged by the Health Human Resource Development Bureau, Department of Health.
4. **THAT**, I shall render one (1) year service or two (2) years for every year of training to the sending agency in consideration of the grant herein authorized, and should I fail to do so because of resignation, or other cause of separation within my control, I shall refund to the _____ and amount equivalent to the total expenses for my training grant, including salaries I have received during the period of my training.
5. **THAT**, in case of default within the period stipulated of my grant, I shall also refund to same hospital an amount equivalent to the expenses already incurred for my training, including salaries I have received during the period of training.
6. **THAT**, I shall render within thirty (30) days, after the termination of my grant a written summary of my training to Health Human Resource Development Bureau, Department of Health.

IN WITNESS THEREOF, I have hereunto set my hand this _____ day of _____ 20 _____
 at _____ with Residence Certificate No. _____
 issued on _____ at _____.

 Head of Agency

 Participant

WITNESS:

APPROVED:

 CAO / HRMO

 Regional Director

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

BEFORE ME, on this _____ day of _____, 20 _____, in the city of _____, Philippines, personally appeared _____ with Residence Certificate No. _____, issued at _____ on _____, 20 _____, known to me to be the same person who executed the foregoing instrument and they acknowledge to me the same is their free act and deed.

WITNESS MY HAND AND SEAL, this _____ day of _____, 20 _____, in the City of Manila, Philippines.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____