

## PROFESSIONAL IDENTIFICATION CARD

LAST NAME

**▶ QUIMPO** 

LAST NAME
FIRST NAME
SHERILYN
MIDDLE INITIALINAME
VELASCO
REGISTRATION NO.
REGISTRATION DATE
VALID UNTIL
VALID UNTIL
VALID UNTIL
VALID UNTIL
VALID VAL

NURSE







MAKATI MEDICAL CENTER VERIFIED WITH ORIGINAL COPY BY: DATE:\_ Regina may T. Roxas

Professional Regulation Commission P Paredes St., Sampaloc, Manila 1008, Philippines www.prc.gov.ph (632) 7362248 / 3102009

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked, or withdrawn.

Blugi Signature of Professional

Exer & TEOFILO S. PILANDO, JR.