

Checklist for EVHRDC Membership Assessment

Name of Agency/ Institution: North West Samar State University

Assessment:

1. Capacity/ Capability of the Institution to conduct Health Research & Health-related researches

☐ Institutional Programs/Curriculum related to health (Please enumerate)

- A. The Barangay Health Workers Program in Calbayog City  
B. MS. in Guidance and Counseling

☐ No. of Personnel / Faculty conducting health related researches

- A. Personnel 1  
B. Faculty 4

☐ Facilities e.g. Laboratory, processing collection of microorganisms, herbarium collection, library (Please enumerate)

- A. NONE  
B. \_\_\_\_\_

2. Researches for the Past 5 years (2014-present)

1. Finished

- ☒ a. 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16 and above

2. On-going

- ☒ a. 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16 and above

3. Planned/ Proposed

- ☒ 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16 and above

4. No. of researches conformed to NUHRA/ RUHRA (Please attached list)

- ☒ A. 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16 and above

5. Publications (Please attached list of published researches conducted by faculty)

- ☒ A. 0-5 ☐ b. 6-10 ☐ c. 11-15 ☐ d. 16 and above

6. Sources of funds

6.1 Agency funded

- ☒ a. PhP50,000.00-PhP100,000.00 ☐ b. PhP100,000.00-PhP200,000.00  
☐ c. PhP500,000 and up

6.2 External funded

☐ a. PhP50,000.00-PhP100,000.00 ☐ b. PhP100,000.00-PhP200,000.00

☐ c. PhP500,000 and up

7. No. of technologies generated based on the researches conducted

\_\_\_\_\_. Please attached list.

8. No. of protected technologies

a. patent \_\_\_\_ b. Utility Models \_\_\_\_ c. copyright \_\_\_\_ d. trademark \_\_\_\_ e. Industrial Design \_\_\_\_ f. Others, specify \_\_\_\_\_

9. No. of People's Served/ Trained \_\_\_\_\_

10. List of Policies Formulated

3. No. of Linkages/ Partnerships

a. Local \_\_\_\_\_

b. Regional \_\_\_\_\_

c. National \_\_\_\_\_

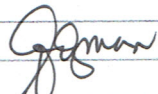
d. International \_\_\_\_\_



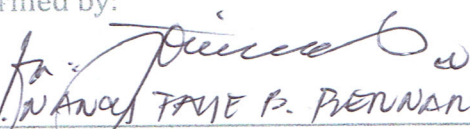
## CONFIRMATION SLIP

**Activity:** Strategic Planning  
**When:** September 24-26, 2018  
**Where:** Summit Hotel, Tacloban, City

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Name of attendee/s	Signature	With accommodation (kindly check)	Without accommodation (kindly check)
Elmer D. Daguman		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Confirmed by:

  
ATTY. NANCY TELLEZ R. PERNANDO, PhD  
Signature over Printed Name of the Head of Agency

9/20/18  
Date