


NOTE: This appointment date might be different to the date of claiming of the requested authenticated documents

	Professional Regulation Commission
	ACTION SHEET FOR AUTHENTICATION

DATE FILED: Sep 06, 2024 Please underline: MALE/FEMALE

NAME: BALDEVISO, CHARRY MAY RAYANON

Last Name                      First Name                      Middle Name                      Married Name

PROFESSION: NURSE      REGISTRATION NO.: 0611564      REGISTRATION DATE: 03/22/2010

(For Professional Teacher, please tick [ ] Elementary [ ] Secondary)

VALIDITY DATE OF PROFESSIONAL IDENTIFICATION CARD (PIC): 05/01/2027      TEL./CP NO.: 09266969773

PLEASE CHECK BOX FOR TYPE OF DOCUMENT TO BE AUTHENTICATED:

<input type="checkbox"/>	CERTIFICATE OF REGISTRATION (COR)	NO. OF COPIES	_____	PURPOSE:	
<input type="checkbox"/>	CERTIFICATION OF BOARD RATING	NO. OF COPIES	_____	LOCAL	_____
<input type="checkbox"/>	CERTIFICATION OF GOOD STANDING	NO. OF COPIES	_____	ABROAD	_____
<input type="checkbox"/>	CERTIFICATION OF PASSING	NO. OF COPIES	_____	LEGAL	_____
<input checked="" type="checkbox"/>	PROFESSIONAL IDENTIFICATION CARD	NO. OF COPIES	<u>2</u>	STATEBOARD	_____
<input type="checkbox"/>	REPORT OF RATINGS	NO. OF COPIES	_____	OTHERS	_____
<input type="checkbox"/>	OTHERS _____	NO. OF COPIES	_____		

FOR PRC PROCESSING		
Amount: <u>150.00</u>	Processed by: _____	Prepared by: _____
O. R. No.: <u>E2024-09-09392809</u>	Signature over printed name _____	Signature over printed name _____
Date: <u>09/06/2024</u>	Date: _____	Date: _____
Issued by: <u>PAYMAYA-GCASH</u>		
Date due: <u>-</u>		

NOTE: AUTHENTICATION REQUIRES A VALID PROFESSIONAL IDENTIFICATION CARD.

AUTHENTICATION CLAIM SLIP

PLEASE FILL OUT THIS CLAIM SLIP

NAME: <u>BALDEVISO, CHARRY MAY RAYANON</u>	PROFESSION: <u>NURSE</u>
REGISTRATION NO.: <u>0611564</u>	REGISTRATION DATE: <u>03/22/2010</u>
DATE FILED: <u>Sep 06, 2024</u>	DATE DUE: <u>-</u>

PLEASE PRESENT THIS SLIP TO CLAIM DOCUMENTS AT \_\_\_\_\_ ON \_\_\_\_\_. PRC REGISTERED REPRESENTATIVE SHOULD PRESENT ANY VALID GOVERNMENT-ISSUED ID AND AUTHORIZATION LETTER; IF NOT REGISTERED PROFESSIONAL, PRESENT SPECIAL POWER OF ATTORNEY(SPA)AND ANY VALID GOVERNMENT-ISSUED ID.

\_\_\_\_\_  
REGISTRATION OFFICER

IMPORTANT NOTES:

- 1. PLEASE ENSURE THAT YOU BRING THE ORIGINAL DOCUMENT YOU WISH TO HAVE AUTHENTICATED.
- 2. ADDITIONALLY, PLEASE REMEMBER TO BRING THE CORRESPONDING NUMBER OF PHOTOCOPIES OF THE SAME DOCUMENT THAT REQUIRE AUTHENTICATION.