

Professional Education and Training Unit

				TARF Control No.			
Name				Date Requested			
	Last Name	Given Name	Middle Initial		Month/Day/Year		
Designation/Position				Employee No.			
Department/Section/Unit							

Department/Section/Unit Head		Training Officer (for Residents Only)	
Signature		Signature	
Name		Name	
For Nursing Division Only		For Committee Members Sent for Training	
Signature		Committee	
REMEDIOS B. MANGOBA, RN, MSN <i>Nurse VI (Training)</i>		Chairman/Signature	

Title of Training/Seminar/Workshop or Training Program	
Date of Event	
Venue	
Brief description of training (kindly attach invitation or program)	

To be filled out by the Professional Education and Training Unit (PETU)	
	Requested training/seminar/workshop was included in the Work Financial Plan Matrix (WFPM) or Training Plan
	Requested training/seminar/workshop is needed to address the competency gap of the employee in performing his/her core responsibilities
	Requested training/seminar/workshop is organized by the Department of Health (DOH), Civil Service Commission (CSC) and other government agencies that are necessary in delivering the Philippine Health Agenda Mandate
	Requested training/seminar/workshop is aligned with the strategic thrust of MMH&MC
Assessed by	<u>KRISTINE DIANNE M. MARDERS, PTRP, MSHMS</u> <i>Training Specialist IV</i>
Date Assessed	
Training Notes	

To be filled out by the Office of the Medical Center Chief (OMCC)	
Approved	Official Business (OB)
	Official Time
Disapproved	
<u>MARIA LOURDES K. OTAYZA, MD, MHA, CESO V, FPOGS</u> <i>Medical Center Chief II</i>	
Recommendations	