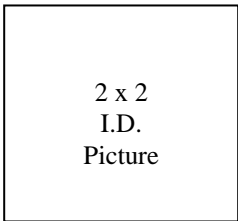


Republic of the Philippines
EXCHANGE VISITORS PROGRAM COMMITTEE
Manila, Philippines



APPLICATION FOR "NEED FOR TRAINING" CERTIFICATE

Form 0 1NTC95

Ref. No.

NOTE: Please fill-out all necessary information correctly. Use additional papers if necessary. Please do not leave any blanks.

PERSONAL DATA

NAME: _____, _____ Sex: Male Female
(Surname) (First Name) (Middle Name)

Date of Birth: _____ Place of Birth: _____
(Day/Month/Year) (Town) (Province)

Nationality: _____ Citizenship: _____ Religion: _____

Civil Status: Single Married Widowed Separated Divorced

Name of Spouse: _____, _____
(Surname) (First Name) (Middle Name)

Nationality: _____ Citizenship: _____

Children (if any):

Name	Date of Birth	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you under petition? Yes No By whom? _____ Relationship: _____

Is your spouse under petition? Yes No By whom? _____ Relationship: _____

Are any of your children under petition? Yes No By whom? _____ Relationship: _____

Home Address in the Philippines: _____ Tel. No.: _____ Fax No.: _____

Address in USA: _____ Tel. No.: _____ Fax No.: _____

Immediate Relative in the Philippines:

Name: _____ Relationship: _____

Address: _____ Tel. No.: _____

EDUCATIONAL BACKGROUND

Level	Name of School	Degree/Course	Year Graduated
Vocational/ Trade Course			
College/Undergraduate			
Graduate Studies			

Place of internship: _____ Year of internship: _____

J-1 Program

Inclusive Year

Professional Licenses/Board Certificates/Eligibilities

Year Obtained

Period of Training

EMPLOYMENT DATA

Present position/Occupation _____ Period of employment: From _____ To _____

Name and Company of Present Employer: _____ Tel. no. _____

Address of Present Employer: _____ Fax no.: _____

Brief description of work _____

Do you have any pending administrative/criminal case? Yes No

If yes, give particulars _____

REQUEST FOR THE "NEED FOR TRAINING CERTIFICATE"

Intended Specialization of Training: _____ Period of Training: From _____ To _____

Place of Training _____

Are you a Previous EVP Participant? Yes No If yes, Inclusive Dates: _____

How will your EVP financed: (indicate sponsoring agency and attach supporting documents including course outline/brochure)

- Government financed _____
- Personally financed _____
- Private financed _____

Reason for training: _____

Which career sector do you want to be employed at after the training? Choose two.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Government | <input type="checkbox"/> Administrative | <input type="checkbox"/> Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Others (specify): |
| <input type="checkbox"/> Research | <input type="checkbox"/> Manufacturing | |

I hereby declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

I, _____ hereby agree to comply with the [two-year home residency requirement](#) of the Exchange Visitor's Program (EVP) and shall not seek under any circumstances a waiver of this requirement. As a recipient of the EVP, I also commit to practice in the specialty as to which I was trained for.

Date: _____

Signature of Participant: _____

Note:

1. Application Form should be accomplished in six (6) copies.
2. Documents coming from the United States should be authenticated by the Philippine Embassy/Consulate.

Enclosure:

1. Certification of Appointment for Acceptance from the university or training institution in the U.S.
2. Valid Certificate of registration and Professional License from PRC.