



## *CURRICULUM VITAE (for DLSHSI-IEC Members)*

To the IEC Member:

Please obtain an electronic copy of this Form, fill-out the requested information, and make your submission both in electronic version and hard copy. Print in letter-sized paper with printer default set at A4.

Last Name	First Name	Middle Name	TITLE: Ms/ Mr/ MD/ PhD
Date of Birth		Sex	
Professional Mailing Address <i>(include Name of Institution)</i>		Study Site Address <i>(include Name of Institution)</i>	
Telephone (Ofc):  Telephone (Res.)		Mobile No.:  E-Mail:	
<b>ACADEMIC QUALIFICATIONS</b> <i>(from most current)</i>			
<b>Degree/Certificate</b>	<b>Year</b>	<b>Institution, Country</b>	
<b>PROFESSIONAL EXPERIENCE</b> <i>(from most current)</i>			
	<b>Year</b>	<b>Institution, Country</b>	
<b>RELEVANT POSITIONS INCLUDING ACADEMIC APPOINTMENTS</b> <i>(from most current)</i>			
<b>Title</b>	<b>Year</b>	<b>Institution, Country</b>	



De La Salle Health Sciences Institute  
Dasmariñas, Cavite 4114

**INDEPENDENT ETHICS COMMITTEE**

Cavite (046) 481-8000/ Manila (02) 988-3100 Local 8042

**DLSHSI-IEC Form 1B/V1/2012**  
Standard Operating Procedures  
Effective Date: October 2012

<b>RESEARCH ETHICS TRAINING</b> <i>(within the last three years, from most current)</i>		
<b>Course</b>	<b>Year</b>	<b>Venue</b>
<i>I declare that the above information are true and correct to the best of my knowledge.</i>		
_____		_____
<i>Member Signature Over Printed Name</i>		<i>Date</i>