



De La Salle Medical and Health Sciences Institute
Dasmariñas, Cavite 4114

INDEPENDENT ETHICS COMMITTEE

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

DLSMHSI-IEC Form 1C/V1/2012
Standard Operating Procedures
Effective Date: October 2012

CURRICULUM VITAE (for DLSMHSI-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 (include Name of Institution)		Study Site Address (include Name of Institution)	
Telephone (Ofc): Telephone (Res.)		Mobile No.: E-Mail:	
ACADEMIC QUALIFICATIONS (from most current)			
Degree/Certificate	Year	Institution, Country	
PROFESSIONAL EXPERIENCE (from most current)			
	Year	Institution, Country	
RELEVANT POSITIONS INCLUDING ACADEMIC APPOINTMENTS (from most current)			
Title	Year	Institution, Country	



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RESEARCH ETHICS TRAINING <i>(within the last three years, from most current)</i>		
Course	Year	Venue
<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>