



Department of Health
Health Human Resource Development Bureau
Manila



DOH DEPLOYMENT PROGRAM 2018

- What** : Now Accepting applicants for Doctors, Nurses, Midwives, Dentists, Medical Technologists, Pharmacist, Family Health Associates and Other Allied Health Workers
- When** : 1. Recruitment and Selection period is within October to December 2017.
2. Deployment period is on January 2, 2018 to December 31, 2018
- Where** : Applications shall be submitted directly to the DOH Regional Offices with the duly accomplished Application Form. ([Click to download Application Form](#))

For more information, please call or write to the following DOH Regional Offices:

<p>DOH REGIONAL OFFICE - NCR Welfareville Subd., Mandaluyong City</p> <p>ARIEL I. VALENCIA, MD, MPH, CESO III Director IV (02) 531-0017, 531-0037 (02) 535-4538 (TF) Email: aivalencia@yahoo.com</p>	<p>DOH CORDILLERA ADMINISTRATIVE REGIONAL OFFICE BGHMC Compound, Baguio City</p> <p>LAKSHMI I. LEGASPI, MD, RN, MAN Director IV (074) 442-8096, 442-8097, 442-9098 (TF)</p>	<p>DOH REGIONAL OFFICE 1 San Fernando, La Union</p> <p>MYRNA C. CABOTAJE, MD, MPH, CESO III Director IV (072) 242-5315, 242-5316, 607-6413 (072) 607-6431 local 101 and 103 Email: rdo.ilocos1@gmail.com</p>
<p>DOH REGIONAL OFFICE 2 Tuguegarao, Cagayan</p> <p>VALERIANO V. LOPEZ, MD, MHA, MPH, CESO IV Director IV (078) 304-6523 (TF) Email: chdcvdoh@yahoo.com</p>	<p>DOH REGIONAL OFFICE 3 San Fernando, Pampanga</p> <p>LEONITA P. GORGOLON, MD, MHA, MCHM, CESO VI Director IV (045) 861-3425 (TF) (045) 861-3426 local 135 Email: doh_chd3@yahoo.com dtorgorgie@yahoo.com</p>	<p>DOH REGIONAL OFFICE 4-A Project 4, Quezon City</p> <p>RIO L. MAGPANTAY, MD, PHSAE, CESO III Director IV (02) 990-4032 local 123 (02) 913-3616 (TF) Email: chd4a_doh_calabarzon@yahoo.com</p>
<p>DOH REGIONAL OFFICE 4-B Project 4, Quezon City</p> <p>EDUARDO JANAIRO, MD, MPH, CESO III Director IV (02) 912-0195 local 144 (02) 913-4560, 912-7754 (F) Email: eduardojanairo@yahoo.com</p>	<p>DOH REGIONAL OFFICE 5 Legaspi City</p> <p>NAPOLEON L. AREVALO, MD, MPH OIC, Director IV (052) 483-5656 (052) 438-5659 local 104 (F) Email: chd_bicol@yahoo.com.ph</p>	<p>DOH REGIONAL OFFICE 6 Mandurriao, Iloilo City</p> <p>MARLYN W. CONVOCAR, MD, MPH, CESO III Director IV (033) 321-3673 local 126 (033) 321-1036 (TF) Email: mconvocar@yahoo.com</p>
<p>DOH REGIONAL OFFICE 7 Cebu City</p> <p>JAIME S. BERNADAS, MD, MGM, CESO III Director IV (032) 253-6355 (032) 254-0109 (F) Email: jimbernadas@yahoo.com.ph dohro7@gmail.com</p>	<p>DOH REGIONAL OFFICE 8 Tacloban City</p> <p>MINERVA P. MOLON, MD, MPH, FPPA Director IV (053) 323-5027 (053) 323-5069 (F) Email: melbaperegrino@yahoo.com.ph</p>	<p>DOH REGIONAL OFFICE 9 Zamboanga City</p> <p>ARISTIDES C. TAN, MD Director IV (062) 992-2745 (062) 991-3380 (F) Email: dohchdzp@yahoo.com</p>
<p>DOH REGIONAL OFFICE 10 Carmen, Cagayan de Oro City</p> <p>NIMFA B. TORRIZO, MD, MPH Director IV (088) 858-7123 local 2local 219 Email: aps@chd10.doh.gov.ph</p>	<p>DOH REGIONAL OFFICE 11 Bajada, Davao</p> <p>ABDULLAH B. DUMAMA, Jr., MD, MPA, CESO III Director IV (082) 305-1903 (082) 305-1906 local 1181 Email: abdumamajr@yahoo.com doh11davao@gmail.com</p>	<p>DOH REGIONAL OFFICE 12 Cotabato City</p> <p>FRANCISCO V. MATEO, MD Director IV (064) 421-2373 (TF) Email: fbaluma@yahoo.com</p>
<p>DOH CARAGA REGIONAL OFFICE Narra Rd., Butuan City</p> <p>JOSE R. LLACUNA, Jr., MD, MPH, CESO III Director IV (085) 342-5208 Local 124, 225-2970, 225-2970 ; (085) 341-2579 ; Fax: (085)225-2970 Email: dohchdcaraga@gmail.com joserllacunajr58@yahoo.com</p>	<p>DOH ARMM ARMM Cmpd., Cotabato City</p> <p>KADIL M. SINOLINDING, JR., MD, MPA, CESO III Secretary of Health (064) 421-7703, 421-3988, 421-6889 552-0110, 552-0118, 552-0095, 552-0160 (064) 421-6842 (F) Email: doh@armm.gov.ph</p>	



Republic of the Philippines
Department of Health
DEPLOYMENT PROGRAM / PROJECT
APPLICATION FORM



Paste a recent 1" x 1" photograph (taken within the last 6 months) in this box.

Print legibly and use separate sheet if necessary. Place ✓marks in appropriate boxes. Only accomplished application forms will be processed.

POSITION APPLIED FOR:

- | | |
|---|--|
| <input type="checkbox"/> Physician Augmentation Deployment Project (PADP) | <input type="checkbox"/> Medical Technologists Deployment Project (MTDP) |
| <input type="checkbox"/> UHC Implementers Deployment Project (UHCIDP) | <input type="checkbox"/> Pharmacist Deployment Project (PDP) |
| <input type="checkbox"/> Nurse Deployment Project (NDP) | <input type="checkbox"/> Public Health Associates Deployment Project (PHADP) |
| <input type="checkbox"/> Rural Health Midwives Placement Program (RHMP) | <input type="checkbox"/> Family Health Associate Deployment Project (FHADP) |
| <input type="checkbox"/> Dentist Deployment Project (DDP) | |

Personal Background

Name		Surname		First Name		Middle Name		
Date of Birth (mm/dd/yyyy)			Place of Birth			Dialect/s Spoken		
Age	Gender	Civil Status		Nationality		Religion		
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated						

Permanent Address				Tel. # / Mobile Number/s	
Street				District	
Municipality/City		Province		Email Address	

Educational Background

School Attended	Inclusive Dates	Honor(s) / Distinction Received/Papers made or Published
Primary		
Secondary		
Tertiary (Degree Earned)		
Post Graduate		

Eligibility

CAREER SERVICE / RA 1080 (BOARD/BAR) UNDER SPECIAL LAWS / CES / CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	REGISTRATION DATE

Employment Background

Position Title	Office/Company	Inclusive Dates	Status of Employment

(continue on separate sheet if necessary)

Community Involvement

Organization/Association	Type of Involvement	Inclusive Dates	Status of Involvement

(continue on separate sheet if necessary)

Trainings Attended related to Health

Title of Seminar/Conference/Workshop/Short Courses (Write in Full)	Inclusive Dates of Attendance (mm/dd/yyyy)		Number of Hours	Conducted / Sponsored by (Write in Full)
	FROM	TO		

(continue on separate sheet if necessary)

I declare that all information and documents submitted with this application form is true and correct. I authorize the agency head or its authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

Signature over Printed Name

Date

Basic Requirements for Application:

1. Application Letter Addressed to the Regional Director, DOH Regional Office _____.
2. Authenticated copy of Diploma/Transcript of Records (for new entrants/applicants).
3. Copy of Certificate of Trainings/Seminars Attended.
4. Copy of Eligibility (Sub-Professional/Professional/Board Rating)