



January 21, 2020

REGIONAL MEMORANDUM
No. 044, s. 2020



NOMINATIONS FOR THE PUBLIC MANAGEMENT DEVELOPMENT PROGRAM OF DAP

**TO: SCHOOLS DIVISION SUPERINTENDENTS
CHIEFS OF FUNCTIONAL DIVISION
This Region**

1. Attached is the communication from **Ms. Nanette C. Caparros**, Managing Director of the Public Management Development Program (PMDP) of the Development Academy of the Philippines (DAP) to **Hon. Diosdado M. San Antonio**, Undersecretary for Curriculum and Instruction, inviting nominations for the **Middle Managers Class (MMC)** opening on **February 21, 2020**.
2. Eligible for nominations are those with permanent positions designated as Section or Division Chiefs in the Regional Office or Schools Division Offices with Salary Grade 18 to 24 and must not be older than 50 years old. OICs of such position with the required salary grade for at least a year are also eligible to be nominated.
3. Admission guidelines and requirements can be accessed and downloaded from www.dap.edu.ph/pmdp/forms.
4. Send application documents, copy furnished this office thru HRDD, on or before **January 31, 2020** to:
Attn: Mr. Mark Adrian Sebastian / Ms. Shellie Dejan
Public Management Development Program (PMDP)
5th Flr., DAP Building, San Miguel Avenue, Ortigas, Pasig City 1600
5. Advanced copies of the documents may be sent to **pmdp.admissions@dap.edu.ph**.
6. For further inquiries, you may reach the Program Manager of PMDP Recruitment and Admissions, **Ms. Millete F. Young**, at telephone number (02) 631-0921 local 127 or at (02) 631-2128.
7. Immediate dissemination of this Memorandum is desired.


FRANCIS CESAR B. BRINGAS, CESO V
Director III
OIC – Office of the Regional Director

HRDD04/mmv
01/21/2020



2020-01-1047

DCC No.: DepEdRO13-F-REC-013/R2/9-4-2019



ISO 9001:2015 CERTIFIED
Certificate No.:
UAE/QMS/2019/1938



(085) 342 - 8207
(085) 342 - 7347
(085) 341 - 3899



caraga@deped.gov.ph



caraga.deped.gov.ph

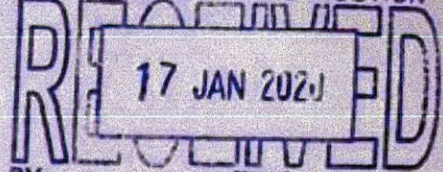


development academy of the philippines

10 December 2019

DR. DIOSDADO M. SAN ANTONIO
Undersecretary for Curriculum and Instruction
Department of Education
DepEd Complex, Meralco Ave., Pasig City

OFFICE OF THE UNDERSECRETARY
CURRICULUM AND INSTRUCTION



BY: _____ TIME: _____
DOC #: 425783

Dear Undersecretary San Antonio,

Yuletide greetings from the Development Academy of the Philippines (DAP)!

As 2019 draws to a close, we would like to convey our profound gratitude for the immeasurable support that you have extended to the Academy's various programs so far.

In particular, with much help from you, the Public Management Development Program (PMDP), or the National Government's Career Executive Service Development Program, achieved its milestone of a thousand scholars after only seven years!

The good news is that the present administration continues to provide resources to strengthen the capability of our civilian forces. This early, we would like to solicit nominations for the next Middle Managers Class (MMC) opening on **February 21, 2020**.

To qualify, nominees from your agency must hold permanent positions and are designated as Section or Division Chiefs with **Salary Grade 18 to 24** and must not be older than 50 years old. OICs of such positions with the required SG for at least a year are also eligible to be nominated.

PMDP consists of a Residential Training which runs for about five (5) months at the DAP Conference Center, Tagaytay City with monthly one-week breaks and the Capstone Project Phase which is mostly done for six (6) months in your agency.

We ardently hope that you will seize this program of the national government. Please send your high-performing and high-potential employees who are being groomed for managerial / leadership posts as part of your agency's succession plan. Successful nominees will have the distinct privilege of being mentored by luminaries in government, the academe and private sector and earn academic *equivalencies* towards a Master in Development Management degree.

For further inquiries, you may get in touch with the PMDP Program Manager for Recruitment and Admissions, Ms. Milette F. Young, at (02) 8-631-0921 local 127 or at (02) 8-631-2128.

Thank you and we look forward to receiving your nomination soon.

Very truly yours,


NANETTE C. CAPARROS
Managing Director, PMDP





INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

NOMINATION FORM (MMC-A)
MIDDLE MANAGERS CLASS

(To be filled-out by the Head of Agency)

CONFIDENTIAL

I, _____, _____ of the _____, willfully nominate the
(name) (position) (agency)
following officer/s for admission to the Public Management Development Program, **Middle Class**
Batch _____ on the basis of his/her/their good character and outstanding performance:

Title (Mr./ Ms.)	Name	Current position	SG	Division/ Office / Region	Contact Number
1.					
2.					
3.					
4.					
5.					

I understand that the above candidates meet the qualifications of PMDP, are physically and mentally fit to undergo training, and will be granted the full scholarship provided that they pass the admission process of the Program.

Our Human Resources Manager/Officer, (Mr./Ms.) _____ can be reached through the following contact nos. _____; email address _____ to coordinate submission of application and completion of document requirements.

As our commitment, the agency will allow them to take the PMDP training once they are confirmed by the NGCESDP Steering Committee. Should there be any changes or deferment, we will notify the PMDP Secretariat through a letter of notice.

Thank you for this opportunity.

Printed Name and Signature

Date: _____



INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

AGENCY SCREENING CERTIFICATION FORM (MMC-C)
(To be filled-out by the Person-in-Charge of Scholarship /
HR or Admin Officer / Personnel)

NAME OF NOMINEE

CONFIDENTIAL

This certifies that the nominee is considered high-performing and high potential and qualifies based on the following criteria/requirements of the PMDP:

Criteria	Qualifications	
Nominee holds a permanent position equivalent to SG 18 to 24	Position:	
	Date of Appointment:	Salary Grade:
	Division/Department:	
	Office Address:	
	Office Contact Info:	
	Is the position permanent / regular?	☐ Yes ☐ No
	Is the nominee designated to another role/function?	☐ Yes ☐ No
	If yes, state Designation	Position: Salary Grade:
		Date of Designation Order:
		Information on Immediate Supervisor
	Name:	
	Position:	
	Contact Details:	
Nominee satisfies government required eligibility. (Please check applicable boxes)	Professional Certifications	
	☐ PRC, specify area ☐ Bar Exams	
	Eligibilities	
	☐ PD 907 ☐ RA 1080 ☐ Professional ☐ Career Service Executive Eligible ☐ Career Executive Service Eligible ☐ Career Executive Service Officer state rank	
	If pursuing 3 rd Level eligibility, check stages passed	
	☐ MATB ☐ Assessment Center ☐ Validation ☐ Panel Interview	
Nominee is 50 yrs. old or below	Birthdate:	Age:
	mm / dd / yyyy	



Criteria		Qualifications		
Nominee holds a Bachelor's degree	Highest educational attainment:	Degree and Specialization:	Year of Graduation:	School:
Nominee got VS/ higher PAR rating for the past 2 years	(Indicate year, check applicable period and put rating)			
	Year: _____ Rating _____	Year: _____ Rating _____	Year: _____ Rating _____	
	1 st Semester _____ 2 nd Semester _____	1 st Semester _____ 2 nd Semester _____	1 st Semester _____ 2 nd Semester _____	
Total number of years of service in government? _____				
Does the nominee have a record of habitual leaves (a maximum of 2 months/year)? ☐ Yes ☐ No				
Does the nominee have any pending administrative and/or criminal case? ☐ Yes ☐ No				
Please cite other information that will support nomination to PMDP.				

The nominee must submit additional requirements such as **Personal Data Sheet**, copy of **Appointment Papers**, copy of **Transcript of Records** and **Nomination form** signed by the head of agency. As part of the screening process, the nominee will undergo an examination and an interview.

Name and Signature of Person Completing this Form

Position

Date Accomplished





**INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM**

DECLARATION OF MEDICAL ILLNESS/ES (FORM D)
(To be filled-out by the Nominee)

Name (Last name, First Name, Middle Name)																																																											
Date of Birth (mm/dd/yyyy):	Civil Status:	Sex: ☐ Female ☐ Male																																																									
Weight (kg):		Height (cm):																																																									
BP:		CR:																																																									
Are you currently under treatment for any physical / mental condition? ☐ Yes ☐ No If yes, please provide details: 																																																											
Personal Medical History																																																											
Have you had or undergone any of the following? Please tick [☒] No or Yes. If "Yes" please specify <u>condition and duration</u> :																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr style="background-color: #f2f2f2;"><th style="width: 60%;"></th><th style="width: 10%; text-align: center;">No</th><th style="width: 10%; text-align: center;">Yes</th><th style="width: 20%; text-align: center;">Details (condition, duration)</th></tr></thead><tbody><tr><td>Allergies</td><td></td><td></td><td></td></tr><tr><td>Acute/Chronic Respiratory Disorder</td><td></td><td></td><td></td></tr><tr><td>Blood Disorder</td><td></td><td></td><td></td></tr><tr><td>Brain Disorder</td><td></td><td></td><td></td></tr><tr><td>Gastro-intestinal Disorder</td><td></td><td></td><td></td></tr><tr><td>Heart Disorder</td><td></td><td></td><td></td></tr><tr><td>Injuries / Deformities</td><td></td><td></td><td></td></tr><tr><td>Kidney / Urinary Disorder</td><td></td><td></td><td></td></tr><tr><td>Menstrual Disorder</td><td></td><td></td><td></td></tr><tr><td>Muscular / Joint Disorder</td><td></td><td></td><td></td></tr><tr><td>Skin Disorder</td><td></td><td></td><td></td></tr><tr><td>Surgical Disorder</td><td></td><td></td><td></td></tr><tr><td>Any other conditions</td><td></td><td></td><td></td></tr></tbody></table>					No	Yes	Details (condition, duration)	Allergies				Acute/Chronic Respiratory Disorder				Blood Disorder				Brain Disorder				Gastro-intestinal Disorder				Heart Disorder				Injuries / Deformities				Kidney / Urinary Disorder				Menstrual Disorder				Muscular / Joint Disorder				Skin Disorder				Surgical Disorder				Any other conditions			
	No	Yes	Details (condition, duration)																																																								
Allergies																																																											
Acute/Chronic Respiratory Disorder																																																											
Blood Disorder																																																											
Brain Disorder																																																											
Gastro-intestinal Disorder																																																											
Heart Disorder																																																											
Injuries / Deformities																																																											
Kidney / Urinary Disorder																																																											
Menstrual Disorder																																																											
Muscular / Joint Disorder																																																											
Skin Disorder																																																											
Surgical Disorder																																																											
Any other conditions																																																											
I certify that the above information are true and correct to the best of my knowledge. I understand that neither PMDP nor DAP shall be liable for any physical or mental problem that I may develop during my participation in the Program and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the training. Further, I understand that non-disclosure of illness/es may result to the discontinuance of my scholarship and expulsion from the Program. Nominee's Signature Date																																																											

PRIVACY NOTICE

We, at the Development Academy of the Philippines (DAP), would like to thank you for your continued trust in providing us with your personal information. Rest assured that these data shall only be used in processing your application in the Public Management Development Program (PMDP), and be secured in the concerned office only. For data privacy concerns, you may contact us at (02) 631-2128 or at pmdp.admissions@dap.edu.ph.



PMDP DAP-PMDP, F1, Rev. 0

The National Government's Career Executive Service Development Program



INTER-AGENCY STEERING COMMITTEE
NATIONAL GOVERNMENT'S CAREER EXECUTIVE SERVICE DEVELOPMENT PROGRAM-
PUBLIC MANAGEMENT DEVELOPMENT PROGRAM

GOVERNMENT PHYSICIAN'S CERTIFICATION FORM (FORM E)

*(To be filled-out by the Physician, not related to the nominee,
from a Government Hospital External to the Nominee's Institution)*

Note: Please attach laboratory results from a government hospital.

GENERAL STATUS			
Findings:			
Vision: _____		Snellens: L _____ R _____	
Ear: _____		Nose: _____	
Throat: _____		Neck: _____	
Chest: _____			
X-Ray: _____			
Breast: _____			
Abdomen: _____			
History of Any Past Illness: _____			
Hospitalization: _____			
Recommendation:			
____ Physically fit to join the Program			
____ Unfit to join the Program <i>(Please specify reason):</i> _____			
____ Other recommendations: _____			
CERTIFICATION			
This is to certify that I have examined the nominee and that all information stated herein are true and correct.			
Government Hospital's Name:			
Examiner's Name & License No.: <i>[Please write in print / block letters]</i>			
Examiner's Signature:		Date:	



DAP-PMDF-F2, Rev. 0

The National Government's Career Executive Service Development Program