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| UNIVERSITY OF SANTO TOMAS HOSPITAL RESEARCH ETHICS COMMITTEE 6th Floor St. John Macias O.P. Building  A.H. Lacson St. Sampaloc, Manila 1015 Philippines  Telephone: +63 2 8731-3001 local 2610  Email: [*usth\_irb@yahoo.com.ph*](mailto:usth_irb@yahoo.com.ph)Website: *usthrec.online*  **UNIVERSITY OF SANTO TOMAS HOSPITAL** España Blvd., Manila  |  |  |  |  |  | | --- | --- | --- | --- | --- | | CURRICULUM VITAE AND TRAINING RECORD FORM | | | | | | Last Name: | | First Name: | | Middle Name: | | Position in the REC: | | | Address: | | | Date of 1st Appointment: | | | Contact No.: | | | Term of Office: | | | E-mail: | | | 1. Education Background | | | | | | * 1. Post-graduate degree |  | | | | | * 1. Graduate degree |  | | | | | * 1. Bachelor’s degree |  | | | | | * 1. Other qualifications and specializations |  | | | | | 1. Work Experience | | | | | | * 1. Occupation |  | | | | | * 1. Present Work Experience |  | | | | | * 1. Previous Work Experience |  | | | | | 1. Publications and patents (as applicable) | | | | | | *\*add fields as needed* |  | | | |  España Blvd., Manila logo copy |

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| CURRICULUM VITAE AND TRAINING RECORD FORM | | | | |
| Last Name: | | First Name: | | Middle Name: |
| Position in the REC: | | | Address: | |
| Date of 1st Appointment: | | | Contact No.: | |
| Term of Office: | | | E-mail: | |
| 1. Education Background | | | | |
| * 1. Post-graduate degree |  | | | |
| * 1. Graduate degree |  | | | |
| * 1. Bachelor’s degree |  | | | |
| * 1. Other qualifications and specializations |  | | | |
| 1. Work Experience | | | | |
| * 1. Occupation |  | | | |
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| **BASIC COURSES** | | **Training Provider** | **Venue** | **Date** | **USTH Funded (Y/N)** | |
| 1 | GCP Training |  |  |  |  |  |
| 2 | Research Ethics |  |  |  |  |  |
| 3 | Standard Operating Procedures (SOP) |  |  |  |  |  |

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| **CONTINUING ETHICS EDUCATION: Research Ethics Workshops, Conferences, Meetings, Lectures** | | **Training Provider** | **Venue** | **Date** | **USTH Funded (Y/N)** | |
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| **AS A SPEAKER OR RESOURCE PERSON** | | **Training Provider** | **Venue** | **Date** | **USTH Funded (Y/N)** | |
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| **Certified Correct:** | |  |  |  | |  |
| REC Member | Signature over  Printed Name: | |  | | Date: | |
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| REC Head | Signature over  Printed Name: | |  | | Date: | |
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