

CANDIDATES' QUALIFICATIONS. No Fellow or Member shall be eligible for election to the Executive Council unless he/she has the following qualifications:

- a. He/she is a fellow/member who has been active and in good standing with the Academy for the last five (5) consecutive years prior to the election;
- b. He/she must be a Diplomat Member or Fellow of the Academy;
- c. He/she has not been convicted by final judgment of an offence punishable by imprisonment for a period exceeding six (6) years committed within five (5) years prior to the date of his/her election.
- d. REQUIREMENTS. ALL candidates must submit the following requirements on or before SEPTEMBER 15, 2017 (FRIDAY), 5:00 PM.
 - i. Diplomat certificate from the Philippine Board of Ophthalmology;
 - ii. Candidate's form duly completed and signed;
 - iii. Statement of conformity.

ALL candidates must sign a statement that he/she will agree to all the rules and regulations of the Academy and the election code.

COMELEC MEMBERS:

MA. DOMINGA B. P ADILLA, M.D., FPAO
 RUBEN LIM BON SIONG, M.D., FPAO
 JESUS M. TAMESIR JR., M.D., FPAO

IMPORTANT DATES:
 Deadline for Nomination of Candidate/s: August 25, 2017, (Fri) 5:00PM
 Deadline for Candidates' Requirements: September 15, 2017, (Fri) 5:00PM
 COMELEC Announcement of Candidates: October 6, 2017, (Fri)
 Voting/Canvassing Date: December 5-6, 2017, 8AM – 5PM/ 8AM – 3PM
 Declaration of Winners: December 6, 2017
 Induction of Officers: December 7, 2017, Closing Ceremony

NOTE: Use one (1) Nomination form per Nominee. You may photocopy this form or request for more from the PAO Secretariat. You may email, viber or by any electronic means the scanned form to:

PHILIPPINE ACADEMY OF OPHTHALMOLOGY
 Attn: MA. DOMINGA B. PADILLA, MD, FPAO
 Unit 815 Medical Plaza Makati Cond., Amoroso cor Dela Rosa Streets, Legaspi Village, Makati City
 Email: secretariat_pao@globelines.com.ph
 Viber #: (0920) 913-3716

Filled-up nomination forms can also be personally handed over to any of the three COMELEC Members. Verbal or phoned-in nominations are not acceptable. Changes or erasures on this form render it invalid. A pre-requisite to the validity of this nomination is the **Nominee's Acceptance** of the nomination. Ask your nominee to sign in the space provided. The list of candidates and their bio-data will be published in the eFocal Point newsletter before the Annual Business Meeting.

Please cut

PHILIPPINE ACADEMY OF OPHTHALMOLOGY

Unit 815, 8/ F Medical Plaza Makati Condominium
 Amoroso cor. Dela Rosa Sts., Legaspi Village, 1229 Makati City
 Tel. Nos. : (+632) 813-5324 / 813-5318
 Fax No. (632) 813-5331 E-mail: secretariat_pao@globelines.com.ph

COMELEC NOMINATION FORM

I have read and understood the PAO Election Code and I respectfully nominate (*please type or print clearly*).

First Name	Middle Name	Last Name
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FOR COUNCILOR

Nominated By : _____
Full Name (Type or Print Clearly)

Signature : _____

Date : _____

NOMINEE'S ACCEPTANCE

I hereby give my consent for the above nomination. I have read the PAO Election Code and I will comply with the requirements for such candidacy and with the COMELEC Rules.

SIGNATURE OVER PRINTED NAME

Date: _____

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DO NOT FILL BELOW: FOR COMELEC USE ONLY

Authenticated by: _____

Date Received: _____

Control No.: _____

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