



JOSE MARIA COLLEGE OF MEDICINE FOUNDATION

PHILIPPINE-JAPAN FRIENDSHIP HIGHWAY, SASA, DAVAO CITY, 8000

APPLICATION FORM

Instructions: Do not leave any item unanswered. If not applicable, write N/A. Please type or print in ink.

NAME (Last Name, First Name, Middle Name)

PERMANENT ADDRESS

ZIP CODE

CURRENT ADDRESS

RELIGION

CIVIL STATUS

PLACE OF BIRTH

DATE OF BIRTH (mm/dd/yyyy)

CITIZENSHIP

AGE

GENDER

EMAIL ADDRESS

CONTACT NO.

TELEPHONE NO.

FATHER'S NAME

OCCUPATION

CONTACT NO.

MOTHER'S NAME

OCCUPATION

CONTACT NO.

EDUCATION

PRIMARY EDUCATION

SCHOOL / INSTITUTION

YEAR GRADUATED

SECONDARY EDUCATION

SCHOOL / INSTITUTION

YEAR GRADUATED

TERTIARY EDUCATION

SCHOOL / INSTITUTION

DEGREE/COURSE

YEAR GRADUATED

GRADUATE/ POSTGRADUATE

SCHOOL / INSTITUTION

DEGREE/COURSE

YEAR GRADUATED

Have you applied for admission to any other medical school/s? IF YES, please state the medical school/s and the status of your application.

Have you ever been enrolled in other medical school/s? IF YES, please state the medical school/s and the year/s attended.

For those who did not proceed to Medicine immediately after graduation from college, what did you do after graduation? Please discuss briefly.

State any additional information concerning yourself which you believe might help the Medical Students Admission Committee (MSAC) in evaluating your application. (Honors/Awards, Research, Membership in Societies, Athletics, College Publication, Student Government, School Organizations and any other extra-curricular activities in school.)

REFERENCES

Give the names of three persons (not relatives) who may be contacted by the MSAC for character reference.

NAME	DESIGNATION	INSTITUTION/CONTACT NO.

2 x 2

Photo ID with
White Background

APPLICATION REQUIREMENTS

FRESHMAN

- The basic requirements for acceptance into the medical school are:
 - A graduate of any four-year baccalaureate degree
 - Has taken the National Medical Admission Test (NMAT) within the last two (2) years and obtained at least a percentile score of 40
- Interested applicants must submit original or certified true copies of the following:
 - Accomplished Application Form
 - NMAT Result at least 40 Percentile Score taken within the last two (2) years
 - Certificate of General Weighted Average (GWA)
 - Transcript of Record
 - Two (2) Certificates of Good Moral Character from previous school Dean, Professors or any school authority
 - Two (2) pieces of 2 x 2 photo

TRANSFEREE

- A transferee is a student who is currently or was previously enrolled in another medical school and is applying for acceptance in JMCMF. He or she must be applying for first or second-year level only.
- The transferee must submit the following documents to the College of Medicine Office for preliminary review by the MSAC panel:
 - Accomplished Application Form
 - Documents from the last medical school attended:
 - Certificate of Eligibility for Admission to Medical School
 - Academic or Scholastic Records (Transcript of Record)
 - Certificate of Transfer Credential or Honorable Dismissal
 - Original or certified true copies of the following:
 - NMAT Result of at least 40 Percentile Score
 - Certificate of General Weighted Average during college
 - Transcript of Records during college
 - Two (2) copies of Certificate of Good Moral Character from previous school Dean, Professors or school authority

APPLICATION PROCEDURE

- Application requirements may be submitted in a **long brown envelope** personally or via courier addressed to:

Jose Maria College of Medicine Foundation
KJC Compound, Philippine-Japan, Friendship Highway, Sasa, Davao City, 8000
- Pay Application Processing Fee and attach copy of receipt in the accomplished Application Form.
- The applicant will be notified of the schedule of the Entrance Exam and the Panel Interview by the MSAC via e-mail and SMS.
- Applicants may be required to enroll in the **JMCMF Transition Program** prior to acceptance based on the evaluation and recommendation of the MSAC.

CONTACT DETAILS

Mobile Nos.: 0905-2474123 / 0907-4593943
Email Address: medschool@jmc.edu.ph
Website: www.medicine.jmc.edu.ph
Facebook: @jmc2019

ESSAY

Why do you want to become a physician? What are your strengths, skills and experiences that will help you overcome the challenges ahead? You may use a separate sheet if necessary.

AGREEMENT AND CONSENT FORM

I am aware that Jose Maria College of Medicine Foundation has collected and stored my personal data, defined under RA 10173 of Data Privacy Act of 2012 referring to all personal information, in its database during my application for admission in the Doctor of Medicine Program. These data include my academic records, demographic profile, and contact details like addresses, email address, landline and mobile phone numbers. I will personally update these data upon request of JMCMF or as needed. I agree to have my name posted in the website, social media accounts and bulletin board/s of JMCMF if I get accepted into its Doctor of Medicine Program. I agree to have my photos taken and posted for information dissemination and/or any marketing and promotional-related purposes in JMCMF official social media accounts, website and bulletin of information once I am enrolled or admitted.

I authorize JMCMF, and its affiliate offices including, but not limited to, the offices of the President and Dean, the Registrar and the Guidance and Counseling, to manage my data for data sharing with accredited industry partners and government agencies as needed for record management and/or as required by standard operations or protocols.

To ensure the protection of my rights as a data subject, defined under the law as referring to an individual whose personal, sensitive personal, or privileged information is processed, I understand that JMCMF shall warrant to me the following rights:

- a. Receive notices on changes in the above-cited purposes for my data processing or personal data breaches provided for in Section 38 of the Data Privacy Act's Implementing Guidelines;
- b. Upon submission of a notarized letter of request, erase my personal data due to unauthorized processing or when information is prejudicial to me;

I shall comply with the rules and regulations of Jose Maria College of Medicine Foundation in effect or which hereinafter may be formulated.

I hereby certify that all the information herein are true and correct including all the requirements submitted for admission. Any evidence of fraud in the credentials/documents submitted will automatically nullify my admission.

By signing below, I warrant that I have read and understood all of the above provisions and agreed with its full implementation.

Signature over printed name of applicant

Date Accomplished

ADDITIONAL ENROLLMENT REQUIREMENTS

Upon enrollment, qualified applicants (both new student and transferee) must submit the following **in addition to the application requirements submitted:**

1. Acceptance Letter from the MSAC
2. NBI Clearance
3. Birth Certificate from Philippine Statistics Authority (PSA)
4. Marriage Certificate from PSA (for married individuals)
5. Medical Clearance issued by the school physician with the following laboratory exam results:
 - CBC and Blood Typing
 - Urinalysis
 - Fecalysis
 - Chest X-ray (PA view)
 - Anti-HBs Antibody titer
 - HBsAg Screening Test
 - Neuropsychiatric Evaluation from Southern Philippines Medical Center - Industrial Clinic
 - Drug test