



Republic of the Philippines  
*Professional Regulation Commission*  
 Manila

\_\_\_\_\_  
**NAME OF EXAMINATION**

\_\_\_\_\_  
**Date of Examination**

\_\_\_\_\_  
**Place of Examination**

First Timer  
 Repeater  
 Conditional/Removal  
 (Subjects to be taken)

\_\_\_\_\_  
 \_\_\_\_\_

Paste here  
 your recent  
 1 1/2 x 1 1/2  
 Colored picture with  
 Complete name tag  
 In plain white  
 background

**APPLICATION DIVISION**

**ACTION SHEET**

**DATE OF FILING:** \_\_\_\_\_  
**PERRC No.** \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
DATE OF BIRTH (mm/dd/yy) <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH	CELL PHONE/TEL. NO.
NAME/LOCATION OF SCHOOL		DATE OF GRADUATION (mm/yy) <input type="text"/> <input type="text"/>

**PREVIOUS PRC EXAMINATION(S) TAKEN**

NAME OF EXAMINATION	DATE TAKEN (mm/yy)	RATING	RESULT OF EXAMINATION (Pls. Check)			VERIFIED (Records Section) (Full Signature)
			Passed	Failed	Conditioned	
			√			

**for NURSES ONLY :**  
**OTHER DEGREE/COURSE (before BS Nursing)** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

**DO NOT FILL UP BELOW THIS LINE**

**1. ACTION TAKEN BY THE PROCESSOR**  
**Checklist of Requirements**

- |   |  |
|---|--|
| <input type="checkbox"/> Original and photocopy of Transcript of Records w/ scanned Picture, remarks <b>"FOR BOARD EXAM PURPOSES"</b> , Special Order and Date of Graduation, Course & Degree | <input type="checkbox"/> Record of Deliveries Handled (Midwife)                      |
| <input type="checkbox"/> Original and photocopy of Birth Certificate (NSO)  | <input type="checkbox"/> NBI Clearance (Arch/CPA/Crim/Chem Eng/ Vet med)             |
| <input type="checkbox"/> Original and photocopy of Marriage Contract (NSO) (for married female only)  | <input type="checkbox"/> Summary of Related Learning Experience (Nurse)              |
| <input type="checkbox"/> Certification of Good Moral Character (Agri, Crim., Fish. Tech., Forester, Librarian, Environmental Planner)   | <input type="checkbox"/> Record of OR-DR Cases (Nurse)                               |
| <input type="checkbox"/> Four (4) 1 1/2 x 1 1/2 colored pictures with full name tag   | <input type="checkbox"/> Certificate of 1,000 Cases Hours (Social Worker)            |
| <input type="checkbox"/> Community Tax Certificate (cedula)   | <input type="checkbox"/> Certification of Mine and Mill Practice (Mining Engr.)      |
| <input type="checkbox"/> Any valid identification card  | <input type="checkbox"/> Board Certificate/PRC License (Ocular Pharm, Nurse-Midwife) |
| <input type="checkbox"/> Refresher Course (CPA, Med. Tech., PT, OT, Physician, Pharm, Optometry)  | <input type="checkbox"/> Certificate of Special Pharmacology Course                  |
| <input type="checkbox"/> Copy of College Thesis – Approval & Title Page (Chemist)   | <input type="checkbox"/> <b>OTHERS</b> _____   |
| <input type="checkbox"/> Certificate of Experience (RME, CPM, Master Plumber, Env'tal Planner, Landscape Arch. )  |  |
| <input type="checkbox"/> Affidavit of Competency (PME, CPM)   | <b>Issuance of the following forms</b>   |
| <input type="checkbox"/> Certificate of Employment (RME, CPM, Master Plumber, Env Plnr)   | <input type="checkbox"/> Computerized Application Form (CAF)                         |
| <input type="checkbox"/> Detailed Description of Equipment (CPM)  | <input type="checkbox"/> Notice of Admission (NOA)                                   |
| <input type="checkbox"/> Diploma, Logbook/Mentor's Prof. License, PTR & IAPOA (Architect)   | <input type="checkbox"/> Permanent Examination & Registration Record Card (PERRC)    |
| <input type="checkbox"/> Daily Time Record (Pharmacist)   |  |
| <input type="checkbox"/> Certificate of Internship (Physician, Pharm, PT, OT)   |  |

Remarks: \_\_\_\_\_  
 PROCESSOR \_\_\_\_\_ DATE \_\_\_\_\_  
 (Full Signature)

**2. ACTION TAKEN BY THE LEGAL DIVISION (as applicable)**

Remarks: \_\_\_\_\_  
 LEGAL OFFICER \_\_\_\_\_ DATE \_\_\_\_\_

**3. ACTION TAKEN BY THE BOARD**

APPROVED                       DISAPPROVED                       CONDITIONAL

Remarks: \_\_\_\_\_  
 CHARIMAN / MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

**4. ACTION TAKEN BY THE CASHIER**

AMOUNT \_\_\_\_\_ OFFICIAL RECEIPT No. \_\_\_\_\_  
 RECEIPT ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_

**5. ACTION TAKEN BY THE ISSUING OFFICER**

Remarks \_\_\_\_\_  
 ISSUING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_  
 (Full Signature)

**6. NOTICE OF ADMISSION, PROGRAM OF EXAMINATION and EXAMINEE'S GUIDE received by** \_\_\_\_\_