



Association of Deans of Philippine Colleges of Nursing, (ADPCN) Inc.

137 Matahimik St., UP Village, Diliman, Quezon City

Telefax No. : (02) 8921-74-66

E-mail add : adpcn01_inc@yahoo.com.ph Website : www.adpcn-inc.org

Application for Regular Membership:

Academic Year 20__ to 20__ Region _____

ADPCN Membership I.D. No.:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- / Check the following as:
- New (Php 2,500)
 - Renewal (Php 1,500)
 - Associate Member: 1. Retired Deans (Php 1,500.00)
2. Senior Faculty (Php 1500.00)
 - Membership ID Card (200.00)
 - Courier Fee (200.00)

1 x 1
Picture

PERSONAL DATA

Name : _____

Surname First Name Middle Name

Age: _____ Birthdate: _____ Gender: _____

Home Address: _____

Telephone: _____ Cell phone _____ Fax _____ Email _____

Name of School: _____

Address: _____

Telephone: _____ Fax _____ Email _____

Position Title: _____ Exact Date of Appointment _____

Name of School President: _____

Academic Record

<u>Educational Level</u>	<u>School Attended</u>	<u>Dates of Attendance</u>	<u>Degree Received</u>
Collegiate			
Masters			
Doctorate			
Others			

Work Record (start with position held before Deanship)

<u>Position</u>	<u>Institution / Employer</u>	<u>Year Inclusive</u>

Written works / Publications / Research Study

<u>Title</u>	<u>Date</u>	<u>Where Published</u>

NOTE : Please see at the back of this page the requirements to be submitted. Thank you.

ACTION TAKEN

_____ Approved _____ For Payment _____ For Issuance of ID
 _____ Disapproved, due to _____
 _____ Deferred pending compliance _____

Approved By:

Membership Chair / Member's Signature over Printed Name / Date

I hereby allow/authorize ADPCN, Inc. to use, collect and process information for legitimate purposes, specifically for Deans profile and allow authorized personnel to process the information, store and save in sufficiently secured and protected database, and even destroy the same in accordance with the laws, rules and regulations.

Signature over Printed Name

PRC License No. _____

Expiry Date: _____

REQUIREMENTS TO BE SUBMITTED:

New Membership :

1. ADPCN Membership Personal Data Form
2. Original copy of notarized appointment as the Dean of the College of Nursing (*NOT an Officer-In-Charge*)
3. Original copy of notarized Employment Contract
4. Photocopy of TOR (MAN/MSN/MN and of the Doctorate degree, if applicable)
5. 1 pc. 1x1 and 1pc. 2x2 ID picture in white background
6. CHED Recognition Certificate of the College of Nursing
7. Photocopy of updated PRC License

Renewal Membership :

1. ADPCN Membership Personal Data Form
2. Original copy of notarized appointment as the Dean of the College of Nursing (NOT as an "OIC")
3. Original copy of notarized Employment Contract
4. 1 pc. 1x1 and 1pc. 2x2 ID picture in white background
5. Photocopy of updated PRC License

Associate Membership :

A. Former Dean :

1. A FORMER DEAN who had been a member of ADPCN for at least three (3) years
2. ADPCN Membership Personal Data Form
3. Letter of interest in continuing with his / her membership to ADPCN addressed to the ADPCN President and ADPCN Membership Committee Chairperson.
4. Updated Curriculum Vitae with picture.
5. 1 pc. 1x1 and 1pc. 2x2 ID picture in white background
6. Photocopy of updated PRC License.

Note: The old ADPCN card will be surrendered to the ADPCN National Office.

B. Senior Faculty Member

1. A Nursing Faculty member with at least five (5) years teaching experience and holds a supervisory position in the College of Nursing.
2. ADPCN Membership Personal Data Form
3. Updated Curriculum Vitae with picture
4. 1 pc. 1x1 and 1 pc.2x2 pictures with white background
5. Photocopy of TOR (MAN/MSN/MN or Doctoral Degree (if applicable)
6. Photocopy of updated PRC License
7. Original copy of notarized Employment Contract
8. Original Copy of Appointment as Coordinator/ Level Chairperson/ Other Related Position, in the College of Nursing
9. Written endorsement of the Dean of the College of Nursing

NOTE: For the **New, Renewal and Associate Membership** please wait for the approval of your application by the Membership Committee before you pay the membership fee. The review of your application will be two (2) weeks.

Membership fee shall be paid annually and is valid for one (1) fiscal year from June 1 to May 31. Members who have not paid his / her annual membership dues shall have to update his / her payment before renewal.

Per CMO#15 S. 2017 Article VI Section 12.i :

Upon appointment, he/she must be an active member of good standing of the Association of Deans of Philippine Colleges of Nursing (ADPCN)

All information shall be used by ADPCN, Inc. for legitimate purposes and shall be processed by authorized personnel in accordance with the Data Privacy Policies of the organization.

Payment Details:

Name of Bank and Branch : **Philippine National Bank (PNB) Quezon City Circle Branch**
Account Name : **Association of Deans of Philippine Colleges of Nursing, Inc.**
Account No. : **108370007367**

Please e-mail to ADPCN the copy of your deposit slip.
Telefax No. : **(02) 8921-74-66**
E-mail add : **adpcn01_inc@yahoo.com.ph**
or you can settle your payment to ADPCN National Office at
137 Matahimik St., UP Village, Diliman, Quezon City