Applicant Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_

Contact #: Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Requirements**

1. **Scan copy of valid ID**
2. **Scan copy of updated BLS**
3. **Scan copy of certificate of employment with years of service from the hospital or free-standing hemodialysis unit**
4. **Strong and stable internet connection to maintain a stable video connection**

Experience as a Renal Technicians in the Hemodialysis Unit/ Center

 3 to <6 months

 6 to <9 months

 9 to <12 months

 >12 months

List of hemodialysis training within the last 5 years

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Inclusive Date | Organized by: | Validity Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List the hemodialysis unit/s, address and contact number of the institution where you work/ worked as a Physician-on-Duty

|  |  |  |  |
| --- | --- | --- | --- |
| Hemodialysis Unit | Address | Contact number/s | Months/Years worked |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Certified true by

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Contact number/s | Verified by: |
| Hemodialysis unit/s  |  |  |  |
| Medical Director/ Nephrologist/s |  |  |  |
| Human Resources Officer/s |  |  |  |

Approved by:

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

Signature over printed name *Lpp/ipg/06-03–20*