



PERSONAL INFORMATION			
NAME	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
Address			
Birthdate (mm/dd/yyyy)		Birthplace	
Nationality		Current Occupation	
EDUCATIONAL ACTIVITIES			
Academic Information			
Degree	Discipline	Institution	Year Graduated
Licensure and Certification (if applicable)			
Title		Number	Year Acquired
Honors and Distinctions			
Honors or Awards Received		Awarding Organization	Year Granted
EVENT ACTIVITIES			
PIIE-Sponsored Events			
Activity	Role/Participation		Date
Other Organizations' Sponsored Events			
Activity	Organization	Role/Participation	Date

TECHNICAL/RESEARCH ACTIVITIES (As primary author or major contributor)			
Publications			
Year Published	Title of Book/ Technical Paper (TP)	Place Published: Publisher [Books]	Name of Journal / Vol. No. (Issue No.), Page Nos. [TP]
Patents/Inventions			
Name of Patent/Invention		Registration No.	Date
PROFESSIONAL ACTIVITIES			
Administrative Responsibilities			
Title/Position	Nature of Responsibility	Company/ Organization	Inclusive Dates
Professional/Work Experience			
Title/Position	Company		Inclusive Dates



EXTERNAL PROFESSIONAL ACTIVITIES			
Professional Affiliation			
Organization	Position	Year	
REFERENCES			
Name	Position	Institution	Contact Number/s

I certify that the foregoing statements and the attached materials are true and accurate. Any false or misleading statements on this form or on the attachments will be grounds for my disqualification for Certification. My signature below indicates my full acceptance of this requirement.

Signature over Printed Name / Date

Note:

1. Submit all supporting documents relevant to information provided.
2. Mail materials to: IECB Secretariat, G/F Pacific Coast Plaza Condominium, Coastal Road, Parañaque 1701, Philippines