CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	EET					
	tion made in the Personal Data Sheet and the	Work Experience Sheet sha	ll cause the fil	ing of admir	nistrative/cri	iminal case/s aga	ainst the pers	on	
	TO FILLING OUT THE PERSONAL DATA SHE								
	( ) use separate sheet if necessary. Indicate I	N/A if not applicable. DO NOT A	BBREVIATE.		I. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATION 2. SURNAME	PAPONG								
FIRST NAME	CONCEPCION				Į,	IAME EXTENSION (JR.	, SR) N/A		
MIDDLE NAME  3. DATE OF BIRTH	APAS								
(mm/dd/yyyy)	12/07/1975	16. CITIZENSHIP		Filipino Dual Citizenship			by naturalization		
4. PLACE OF BIRTH	Tudela, Camotes Cebu	If holder of dual citizer				Pls. indicate co	ountry:		
5. SEX	☐ Male ✓ Female	please indicate the de	atails.				-		
6 CIVIL STATUS	□ Single	17. RESIDENTIAL ADDRESS	Hou	Block 2/Lot 3 House/Block/Lot No. P & Q Subdivision			N/A Street Cogon		
7 HEICHT (m)			Sul	Subdivision/Village Baybay				an (dirigin) had guade an dirini agai di an e dell'i sirichi (2011). Pi dirinini agai	
7. HEIGHT (m)	1.57		City/Municipality				Leyte Province		
8. WEIGHT (kg)	75	ZIP CODE		Plack 2/I at 2			N/A		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Hou	Block 2/Lot 3 se/Block/Lot No.			Street		
10. GSIS ID NO.	ID NO. N/A				& Q Subdivision  bdivision/Village			Cogon Barangay	
11. PAG-IBIG ID NO.	121016152839		C	Baybay City/Municipality			Leyte Province		
12. PHILHEALTH NO.	HILHEALTH NO. 020505395582		6521						
13. SSS NO. 06119859176		19. TELEPHONE NO.	N/A						
14. TIN NO. 286067912000		20. MOBILE NO.	03959320276/09263177575						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	cpapong55@	gmail.com					
II. FAMILY BACKGROUND				Trans					
22. SPOUSE'S SURNAME	Papong		23. NAME of CHILDREN (Write full name and list all)			ist all)	DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	Joergen	NAME EXTENSION (JR., SR) N/A	Jeoff Apas Papong			01/05/2005			
MIDDLE NAME	Pablo							-	
OCCUPATION	Chief Engineer(OFW)								
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS NAME Splash Philippines, Inc.								
BUSINESS ADDRESS Pasay City, Philippines									
TELEPHONE NO.	9770978564								
24. FATHER'S SURNAME	Apas								
FIRST NAME	Leonardo	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	Solante								
25. MOTHER'S MAIDEN NAME									
SURNAME	Concoles								
FIRST NAME	FIRST NAME Zenaida		200						
MIDDLE NAME	Lanugan		and the first state of the stat	(C	ontinue on sep	parate sheet if neces	sary)	ar en el en el composit de production de la composition de la composition de la composition de la composition	
III. EDUCATIONAL BACKG	GROUND							DOMO! A POUND!	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	Calmante, EleMENTARY School	Primary		06/10/1983	03/20/1989	Graduate	1989	N/A	
SECONDARY	University of the Visayas	Secondary		06/08/1989	03/18/1993	Graduate	1993	N/A	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	University of the Visayas	Bachelor of Science in	Nursing	06/08/1997	03/18/2000	Graduate	2000	N/A	
GRADUATE STUDIES	University of San Carlos	Master of Arts in Nursing Ma Supervision	ajor in Clinical	06/13/2012	03/21/2013	Graduate	2013	N/A	

SIGNATURE

DATE January 27, 2023

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7. CARE	EER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF		,		LICENSE (if ap	oplicable)
ВА	SPECIAL LAWS/ ARANGAY ELIGIBILITY /		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of Validity	
	PNLE 75.0 12/01/2000 Metro Manila					0339705	12/07/202		
PMLE			80.0			Manila		017667	12/07/202
Driver's license		78.0	City, Leyte			H12-13-000695	12/07/202		
	EXPERIENCE vate employment.	Start from your recent		ntinue on separate sheet if	necessary) ndicated in the attached	Work Exper	ience sheet.		
	USIVE DATES nm/dd/yyyy)	POSITION TI (Write in full/Do not a			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То								
9/15/2022	01/31/2023	Affiliate Instr			ege of Nursing ge of the Immacualte	207.70/hr	N/A	Job Order	Y
6/02/2015	05/30/2021	Dean, College of		Cor	ception ge of the Immacualte	25,000.00	N/A	Regular	N
6/05/2013	05/30/2015	Clinical Instr		Cor	ception ge of the Immacualte	16,000.00	N/A	Regular	N
6/02/2011	05/30/2015	School Nu		Cor Franciscan Colle	10,000.00	N/A	Regular	N	
7/13/2008	04/15/2010	Assessment		Cor	ception ge of the Immacualte	15,000.00	N/A	Regular	N
8/03/2005	03/30/2008	Staff Nur	SE		nception	14,000.00	N/A	Regular	N
			-						
								,	
			A 2						
/									
	NATURE		(By	ontinue on separate sheet	necessary) DATE		<u> </u>	January 27, 2023	

. VOLUNTARY WORK OR INVOLVEMENT				ON GANIZATIO			
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
Handog Puso Foundation			6/1//2012 Present 2		Volunteer Nurse	for Charity	
				10000000	Charles .		
				-			
	Con	tinuo on engarat	e sheet if necessa	nr)			
. LEARNING AND DEVELOPMENT (L&L		THE RESIDENCE IN COLUMN 2 IN COLUMN 2	CONTRACTOR OF THE PARTY OF THE	•17			
rt from the most recent L&D/training program and inc	lude only the relevant L&D/training taken for			Chief/Executive/Man.	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PRO		INCLUSIVE DATES OF ATTENDANCE		MINDED OF CO.	Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
(Write in f		(mm/dd/yyyy)  From To		NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
ic First Aid/Life Support AED Seminar		9/01/2019	09/01/2019	8.0	Supervisory	CDRMO	
			03/11/2018	8.0		APSOM	
ional APSOM Convention lippine Nurses Association Convention , Theme: Convention	ntinuing Professional Development	03/10/2018	-	-	Supervisory		
mework for Quality Assurance Programs for Nurses		01/01/2018	01/13/2018	8.0	Supervisory	Philippine Nurses Association	
Seminar in Post Graduate Course in Internal Med		02/01/2017	02/01/2017	8.0	Supervisory	Philipppine College of Physicians	
A Convention with theme: Knowledge, Adaptable, Yn Pandemic	/ears & Active: Nurse Role Amidst COVID	03/11/2021	03/12/2021	8.0	Supervisory	Philippine Nurses Association	
ual Medical Forum on "Smoking Cessation and Its in	npact on Cardiovascualr Health	09/29/2020	09/29/2020	8.0	Supervisory	Ormc City Medical Society	
ath Services NC 11		04/01/2020	04/01/2020	8.0	Supervisory	Technical Eductaion and Skills Devlopment Authorit	
line Professional Development Webinar entitled:Cou	rse Outcomes and Teaching Strategis for	07/27/2020	07/27/2020	8.0	Supervisory	Rex Academy	
mote and Online Learning							
	er server san E.V.O.	-					
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The state of the s					-		
			-		-		
	a of set based for			17,672		138 118 118 118 128 179	
	(Cc	ontinue on separa	ate sheet if necess	eary)			
III. OTHER INFORMATION				100Hz-101		MEMPEROLUR IN ACCOCIATION (COROLLEGATOR)	
31. SPECIAL SKILLS and HOBBIES	32. NC		STINCTIONS / REC Write in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT (Write in full)	
Singing			nciscan Secula	ır	Philippine Nurses Accociation		
Acting		11.17				Integarted Midwives Association of the Phillipines	
3	The second of th	NI				Prinipines	
7	200	Towns March 1970					
	1	1 -					
	(C	ontinue on separ	ate sheet if neces		DATE	January 27, 2023	
SIGNATURE		100		Weller was	DAIE	January 21, 2023	

			,				
34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,	· .					
	a. within the third degree?	YES Z	NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☐					
	Superior Control of the Control of t		If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ YES ☑	NO			
			If YES, give details:	9			
13.75	b. Have you been criminally charged before any court?		☐ YES ☐	✓ NO			
	b. Have you been chinimally charged before any courts		If YES, give details:				
		Date Filed:					
		Status of Case/s:					
36.	HE MAN HER HER SON HER	YES / NO					
	any court or tribunal?	If YES, give details:					
37.	Have you ever been separated from the service in any of the			□ NO			
	dropped from the rolls, dismissal, termination, end of term, file	If YES, give details:					
	in the public or private sector?	resignation					
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	ruon nero within the last year (except	YES NO				
			If YES, give details:				
	b. Have you resigned from the government service during the	: 100 Man (: 10 Man ) : 1	YES NO				
	election to promote/actively campaign for a national or local		If YES, give details				
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO					
			If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a.	Are you a member of any indigenous group?	process another are following items.	□ vec	[] NO			
	jou a monitor of any inalgorious group:		If YES, please specify:	✓ NO			
b.	Are you a person with disability?		YES	✓ NO			
			If YES, please specify I				
C.	Are you a solo parent?		YES VIOLENCE OF THE NO				
_			If YES, please specify I				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant.	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	Diogracias Pernitez	30 de Deciembre St. Baybay City	9267993820	(a)			
	Amelito Borneo	Bonifacio St. Baybay City	9365483620				
	Jesusa M. Magno	Tagak Carigara , Leyte	9357912182				
42	I declare under oath that I have personally accomplished		rue, correct and				
	complete statement pursuant to the provisions of pertin	ent laws, rules and regulations of the	Republic of the	PAPONG, CONCEPCION A.			
	Philippines. I authorize the agency head/authorized represe						
	agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ment and its attachments shall caus	se the filling of	PHOTO			
-							
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			, attalian			
l F	PLEASE INDICATE ID Number and Date of Issuance						
	Government Issued ID: PRC						
1	D/License/Passport No.: 0339705	oox)	VIII AND THE STATE OF THE STATE				
	Date/Place of Issuance: 3/2001/Metro Manila		Right Thumbmark				
냐			1 signt 1 minimark				
	SUBSCRIBED AND SWORN to before me this	1 3 MAR 2023 , affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.			
		W1					
1		ATTY, RYSAW COUNOCUM VSU Chief Legal Officer					
		Person Administering Oa	th				

## **WORK EXPERIENCE SHEET**

Instructions: 1. Include only the work experiences relevant to the position being applied to.

- The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.
- Duration: Present
- · Position: Clinical Instructor
- · Name of Office/Unit: College of Nursing
- Immediate Supervisor: President Edgardo Tulin
- · Name of Agency/Organization and location: Visayas State University, Baybay City, Leyte
  - List of accomplishments and Contribution:
  - Healthcare Services NC 11
  - Trained First Aid Rescuer
- Duration: June 2, 2015 May 30, 2021
- · Position: Dean, College of Midwifery
- Name of Office/Unit: Paramedical Department
- · Immediate Supervisor: Sister M. Maribel Piangco, OSF
- · Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
  - List of Accomplishments and Contributions (if any) Health Care Services NC 11 Trained First Aid Rescuer
  - Summary of Actual Duties Administrative duties
- Duration: June 5, 2013 2015
- · Position: Clinical Instructor
- Name of Office/Unit: Paramedical Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
  - List of Accomplishments and Contributions (if any) Health Care Services NC 11 Trained First Aid Rescuer
  - Summary of Actual Duties Classroom and Clinical Instructor Club Moderator
- Duration: June 2, 2011 May 30, 2013
- Position: School Nurse
- · Name of Office/Unit: Health Services Department
- Immediate Supervisor: Sister M. Maribel Piangco, OSF
- Name of Agency/Organization and Location: Franciscan College of the Immaculate Conception, Baybay City, Leyte
  - List of Accomplishments and Contributions (if any)
     Trained First Aid Rescuer
  - Summary of Actual Duties
     Responsible for the maintenance of a quality healthcare for the school population.
- Duration: 7/3/2008 4/15/2010
- Position: Assessment Nurse
- Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Pasqualito Gutay
- Name of Agency/Organization and Location: Super Care Medical Services, Cebu City
  - List of Accomplishments and Contributions (if any)

## Trained ECG and Audiometry Technician

- Summary of Actual Duties Medical procedure nurse
- Duration: 8/3/2005 3/30/2008
- Position: Staff Nurse
- · Name of Office/Unit: Medical Procedure Department
- Immediate Supervisor: Dr. Reynaldo Salinel
- Name of Agency/Organization and Location: St. Magdalene Medical Clinic
  - List of Accomplishments and Contributions (if any)
     Trained ECG, 2D-Echo and Stress Test Technician
  - Summary of Actual Duties Medical procedure nurse

Concepcion Al Papong
(Signature over Printed Name
of Employee/Applicant)

Date: 1/27/27