CS Form No. 212
Revised 2017

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.
READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	GADIN
FIRST NAME	RIC-AN ARTEMIO
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SURIO

3. DATE OF BIRTH (mm/dd/yyyy)	11/09/1984	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	Catbalogan, Samar	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	☑ Male ☐ Female		**Philippines**
6. CIVIL STATUS	☑ Single ☐ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	LOT 12 BLK 4 PHASE 3 (*House/Block/Lot No.*) / *Street* CAMELLA HOMES SUBD (*Subdivision/Village*) / Campetik (*Barangay*) PALO (*City/Municipality*) / LEYTE (*Province*)
7. HEIGHT (m)	1.70	ZIP CODE	6501
8. WEIGHT (kg)	64.00	18. PERMANENT ADDRESS	LOT 12 BLK 4 PHASE 3 (*House/Block/Lot No.*) / *Street* CAMELLA HOMES SUBD (*Subdivision/Village*) / Campetik (*Barangay*) PALO (*City/Municipality*) / LEYTE (*Province*)
9. BLOOD TYPE	A+	ZIP CODE	6501
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	915-452-8379
12. PHILHEALTH NO.	N/A	21. E-MAIL ADDRESS (if any)	ric-an.gadin@vsu.edu.ph
13. SSS NO.	0626370936		
14. TIN NO.	940847391		
15. AGENCY EMPLOYEE NO.	V02154		

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER\'S SURNAME	Gadin			
FIRST NAME	Artemio	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Manatad			
25. MOTHER\'S MAIDEN NAME	Teresita dela Cruz Surio			
SURNAME	Gadin			
FIRST NAME	Teresita			
MIDDLE NAME	Surio		*(Continue on separate sheet if necessary)*	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	N/A						
SECONDARY	N/A						
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	St. Scholastica's College of Health Sciences	Bachelor of Science in Nursing	2002	2006		2006	N/A
GRADUATE STUDIES	Philippine Womens University	Master of Arts in Nursing (Major in Nursing Administration)	2008	2012		2012	N/A

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	12/19/2024

Attachment A

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
GRADUATE STUDIES	Don Mariano Marcos Memorial State University	Doctor of Philosophy (Major in Development Administration)	2015		61		
	Dr. Gloria D. Lacson Foundation Colleges Inc.	Doctor of Philosophy (Major in Educational Psychology)	2018	2020		2020	
	The Universidad Internacional Isabel I de Castilla	Master of Business Administration	2020	2021		2021	

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	12/19/2024

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Nurse Licensure Exam		N/A	N/A	0397151	11/09/2027
Certified Health Manager		N/A	N/A	408572833	N/A
Certified Hospital Administrator		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/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	To						
01/30/2024	PRESENT	Assistant Professor II	Visayas State University	41,616.00	16-1	Permanent	Y
01/30/2024		Assistant Professor II	Visayas State University	39,672.00	16-1	Permanent	Y
12/29/2017	12/28/2023	Clinical Instructor	Armed Forces Hospital Southern Region	8,050.00	-	Permanent	N
02/08/2015	04/15/2017	Nurse Educator / Chief Nurse	Muhayl National Hospital	3,800.00	-	Contractual	N
03/15/2012	01/15/2015	Chief Nurse	Catarman Doctors Hospital	20,000.00	-	Permanent	N
11/08/2010	07/31/2012	Clinical Instructor	St. Scholastica's College Tacloban	30,000.00	-	Part-Time	N
06/01/2007	01/08/2010	Staff Nurse (OR/PACU) Clinical Supervisor	Our Lady of Porziuncola Hospital, Inc.	10,000.00	-	Permanent	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/19/2024

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
5th National Nursing Research Webinar "NURSING RESEARCH AT THE FOREFRONT OF HEALTHCARE INNOVATION"	11/25/2023	11/25/2023	5	Research	Beta Nu Delta Nursing Socety
TOT on the Go Teaching and Assessment Course	10/24/2023	10/24/2023	8	Supervisory	Saudi Commission and Health Specialities
MODHS Pressure Injury/Wound Care Education Module & Train the Trainer	10/01/2023	10/02/2023	16	Technical	Ministry of Defense Health Services
1st International Nursing Conference "Nursing Voice: An Echo of Resilience in Healthcare Delivery"	03/09/2023	03/10/2023	16	Supervisory	Eastern Health Cluster Kingdom of Saudi Arabia
4th National Nursing Research Webinar “Connecting Research and Practice for Better Health Outcomes”	09/10/2022	09/10/2022	5	Research	Beta Nu Delta Nursing Socety
BASIC LIFE SUPPORT TRAINING	09/05/2022	09/05/2022	8	Technical	Saudi Heart Association
THE LEADERSHIP DIMENSION CULTIVATING CARE THROUGH INNOVATIVE LEADERSHIP	07/27/2022	07/27/2022	8	Supervisory	Armed Forces Hospital Southern Region
"Home Health Care Wound Care Workshop for Patient Caregivers".	06/26/2022	06/26/2022	5	Technical	Home Health Care Armed Forces Hospital Southern Region
PRINCIPLES OF LEADERSHIP & MANAGEMENT IN NURSING	10/25/2021	10/25/2021	8	Supervisory	Armed Forces Hospital Southern Region
Training of Trainers (ToT) Program on COVID-19	12/09/2020	12/11/2020	24	Technical	Project Hope
COACHING in NURSING	10/09/2020	10/09/2020	1	Supervisory	Sigma Theta Tau International
Certified Lean Six Sigma Yellow Belt (CLSSYB)	05/02/2020	05/02/2020	4	Technical	Anexas Europe
NURSE SCIENTIST COURSE	05/01/2020	05/05/2020	40	Technical	National Institute of Nursing Research
LEADERSHIP and MANAGEMENT	04/09/2020	04/10/2020	10	Managerial	Sigma Theta Tau International
NIH STROKE SCALE A-V3 CERTIFICATION	09/09/2019	09/09/2019	8	Technical	National Institute of Health
BASIC CERTIFICATE IN QUALITY and SAFETY	02/01/2017	02/03/2017	18	Supervisory	Institute of Healthcare Improvement, USA

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A	Ideal Employee of the Year 2023	Saudi Society for Health Practitioner Education
	Associate Fellow	Beta Nu Delta Nursing Society
		Wound Care Nursing Specialty
		Australasian College of Health Service Management
		Association of Nursing Service Administrators of the Philippines
		The Philippine College of Hospital Administrators, Inc.
		Sigma Theta Tau International

(Continue on separate sheet if necessary)

SIGNATURE		DATE	12/19/2024

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO If YES, give details: _____
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details: _____
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	☐ YES ☐ NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details: _____
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	☐ YES ☑ NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country): _____
40. Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	 ☐ YES ☑ NO If YES, please specify: _____ ☐ YES ☑ NO If YES, please specify ID No _____ ☐ YES ☑ NO If YES, please specify ID No _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Ralph Alvin Caca	Eastern Visayas Medical Center	
Ma. Victoria Cagnan	Remedious Trinidad Romualdez Hospital	
Elizabeth Nochete	Catarman Doctors Hospital	

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **N/A**
ID/License/Passport No.: **N/A**
Date/Place of Issuance: N/A

Signature (Sign inside the box)
12/19/2024
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____ , affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath