CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

	LING OUT THE PERSONAL DATA SHEET (PDS) BEI							
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIC	$s\left( ig  \  ight)$ and use separate sheet if necessary. Indicators	ate N/A if not applicable. DO I	NOT ABBREVIA	ATE.  1. CS	S ID No.		(Do not fill up. F	or CSC use only)
2. SURNAME	GADIN				_			
FIRST NAME	RIC-AN ARTEMIO  NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	SURIO							
3. DATE OF BIRTH	001110			<b>✓</b> Filipino				
(mm/dd/yyyy)	11/09/1984	11/09/1984 16. CITIZENSHIP				ual Citizenship by birth	by natura	lization
4. PLACE OF BIRTH	Catbalogan, Samar If holder of dual citizen					by birdi Pls. indicate c		lization
5. SEX	✓ Male Female	please indicate the de	tails.					
6. CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS	LOT 1	Philippines 12 BLK 4 PHASE 3				
U. CIVIL STATUS	Widowed Separated			House/Block/Lot No.			Street	
	Other/s:			LA HOMES SUBD			Campetik Barangay	
7. HEIGHT (m)	1.70			PALO			LEYTE	
8. WEIGHT (kg)	64.00	ZIP CODE	Ci	ty/Municipality	65	501	Province	
	_	18. PERMANENT ADDRESS	LOT 1	2 BLK 4 PHASE 3				
9. BLOOD TYPE	A+		Hou	se/Block/Lot No.			Street	
10. GSIS ID NO.	N/A			LA HOMES SUBD			Campetik Barangay	
11. PAG-IBIG ID NO.	N/A		Ci	PALO ty/Municipality			LEYTE Province	
12. PHILHEALTH NO.	N/A	ZIP CODE			65	501		
13. SSS NO.	0626370936	19. TELEPHONE NO.			N	I/A		
14. TIN NO.	940847391	20. MOBILE NO.	915-452-8379		52-8379			
15. AGENCY EMPLOYEE NO.	V02154	21. E-MAIL ADDRESS (if any)		ric	c-an.gadin(	@vsu.edu.ph		
II. FAMILY BACKGROUND								
22. SPOUSE\'S SURNAME	N/A		23. NAME of CH	ILDREN (Write full	name and lis	st all)	DATE OF BIRT	H (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A			N/A		
	N/A							
MIDDLE NAME	IN/A							
MIDDLE NAME OCCUPATION	N/A							
OCCUPATION	N/A							
OCCUPATION  EMPLOYER/BUSINESS NAME	N/A N/A							
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS	N/A N/A N/A							
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.	N/A N/A N/A	NAME EXTENSION (JR., SR)						
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER\'S SURNAME	N/A N/A N/A N/A Gadin	NAME EXTENSION (JR., SR)						
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHERI'S SURNAME  FIRST NAME	N/A N/A N/A N/A N/A Gadin Artemio	,						
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME	N/A N/A N/A N/A N/A Gadin Artemio Manatad	,						
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME	N/A N/A N/A N/A N/A Sadin Artemio Manatad Teresita dela Cruz S	,						
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME	N/A N/A N/A N/A N/A Gadin Artemio Manatad Teresita dela Cruz S Gadin	,		(Continu	ue on separal	te sheet if necess	sary)	
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHERI'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHERI'S MAIDEN NAME  SURNAME  FIRST NAME	N/A N/A N/A N/A N/A N/A Gadin Artemio Manatad Teresita dela Cruz S Gadin Teresita Surio	,		(Continu	ue on separal		sary)	
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME	N/A N/A N/A N/A N/A N/A Gadin Artemio Manatad Teresita dela Cruz S Gadin Teresita Surio	,	EE/COURSE	PERIOD OF ATTEN	IDANCE	HIGHEST LEVEL/UNITS EARNED	Sary)  YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME	N/A N/A N/A N/A N/A N/A Gadin Artemio  Manatad Teresita dela Cruz S Gadin Teresita Surio	urio  BASIC EDUCATION/DEGRI	EE/COURSE	PERIOD OF ATTEN	IDANCE	HIGHEST LEVEL/UNITS	YEAR	ACADEMIC HONORS
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKG.  26.  LEVEL  ELEMENTARY  SECONDARY	N/A N/A N/A N/A N/A N/A Gadin Artemio Manatad Teresita dela Cruz S Gadin Teresita Surio  NAME OF SCHOOL (Write in full) N/A N/A	urio  BASIC EDUCATION/DEGRI	EE/COURSE	PERIOD OF ATTEN	IDANCE	HIGHEST LEVEL/UNITS EARNED	YEAR	ACADEMIC HONORS
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL TRADE COURSE	N/A N/A N/A N/A N/A N/A Artemio Artemio Manatad Teresita dela Cruz S Gadin Teresita Surio ROUND NAME OF SCHOOL (Write in full) N/A N/A N/A	BASIC EDUCATION/DEGRI		PERIOD OF ATTEN	To (if	HIGHEST LEVEL/UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKG.  26.  LEVEL  ELEMENTARY  SECONDARY	N/A N/A N/A N/A N/A N/A Gadin Artemio Manatad Teresita dela Cruz S Gadin Teresita Surio  NAME OF SCHOOL (Write in full) N/A N/A	BASIC EDUCATION/DEGRI (Write in full)  Bachelor of Science in N Master of Arts in Nursing (Maj	lursing	PERIOD OF ATTEN From 2002 2	IDANCE	HIGHEST LEVEL/UNITS EARNED	YEAR	ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKGOOD  16. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL TRADE COURSE  COLLEGE	N/A  N/A  N/A  N/A  N/A  N/A  Gadin  Artemio  Manatad  Teresita dela Cruz S  Gadin  Teresita full  Surio  ROUND  NAME OF SCHOOL (Write in full)  N/A  N/A  N/A  N/A  St. Scholastica's College of Health Sciences Philippine Womens University	BASIC EDUCATION/DEGRI (Write in full)  Bachelor of Science in N	lursing or in Nursing A	PERIOD OF ATTEN From 2002 2	TO (if	HIGHEST LEVEL/UNITS EARNED	YEAR GRADUATED	ACADEMIC HONORS RECEIVED

## Attachment A

III. EDUCATIONAL BACKGROUND							
26. LEVEL	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP/ ACADEMIC
	(Write in full)	(Write in full)	From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED
	Don Mariano Marcos Memorial State University	Doctor of Philosophy (Major in Development Administration)	2015		61		
GRADUATE STUDIES	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	
	(C	Continue on separate sheet if necessary)					
SIGNATURE				TE	02/12/2025		

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CSS/ CSEE		RATING	RATING DATE OF		ATION / CONFEE	DMENT	LICENSE (if a	pplicable)	
ВА		AWS/ CES/ CSEE ILITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		(WEN I	NUMBER	Date of Validity
	Nurse Lice	nsure 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
	EXPERIE			(Continue on separate she					
	vate employm JSIVE DATES	ent. Start from your recen	t work) Descripti	ion of duties should k	e indicated in the attache	d Work Exper	SALARY/ JOB/		_
	m/dd/yyyy) To	POSITION TITI (Write in full/Do not at			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
01/01/2025	PRESENT	Assistant Profes	sor II	Visayas	State University	43,560.00	16-1	Permanent	Y
01/30/2024		Assistant Profes	sor II	Visayas	State University	41,616.00	16-1	Permanent	Υ
01/30/2024		Assistant Profes	sor II	Visayas	State University	41,616.00	16-1	Permanent	Y
01/30/2024		Assistant Profes	sor II	Visayas	State University	39,672.00	16-1	Permanent	Y
12/29/2017	12/28/2023	Clinical Instruc	ctor	Armed Forces H	ospital Southern Region	8,050.00	-	Permanent	N
02/08/2015	04/15/2017	Nurse Educator / Ch	ief Nurse	Muhayl N	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 Instruc	ctor	St. Scholastica's College Tacloban		30,000.00	-	Part-Time	N
06/01/2007	01/08/2010	Staff Nurse (OR/PACU) Cli	nical Supervisor	Our Lady of Po	rziuncola Hospital, Inc.	10,000.00	-	Permanent	N
	ATUSE			(Continue on separate she			00115	0005	1
SIGNATURE         DATE         02/12/2025           CS FORM 212 (Revised 2         CS FORM 212 (Revised 2				017), Page 2 of 4					

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORC (Write in full)	GANIZATION	INCLUSIV (mm/do		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A		From N/A	To N/A	N/A	N/A		
IWA		IN/A	IN/A	IN/A	IWA		
(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					agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTER (Write in full)	VENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN (mm/do	DANCE	NUMBER OF HOURS			
COALESCE: Elevating the Nursing Community Throug	h a Positive Work Environment	12/07/2024	12/07/2024	8	Technical	PHILIPPINE NURSES ASSOCIATION INC.	
Nurse Preceptorship Training for Clinical Instru	ctors: Internal Medicine	07/15/2024	07/29/2024	80	Technical	EASTERN VISAYAS MEDICAL CENTER	
Nurse Preceptorship Training for Clinical Instru	ictors: Operating Room	06/18/2024	07/15/2024	160	Technical	EASTERN VISAYAS MEDICAL CENTER	
Nurse Preceptorship Training for Clinical Ins	structors: Psychiatry	03/06/2024	04/04/2024	160	Technical	EASTERN VISAYAS MEDICAL CENTER	
5th National Nursing Research Webinar "NURSING RESEARCH INNOVATION"	AT THE FOREFRONT OF HEALTHCARE	11/25/2023	11/25/2023	5	Research	Beta Nu Delta Nursing Socety	
TOT on the Go Teaching and Assess	sment Course	10/24/2023	10/24/2023	8	Supervisory	Saudi Commission and Health Specialities	
MODHS Pressure Injury/Wound Care Education N	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	o 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 a	and Practice for Better Health Outcomes"	09/10/2022	09/10/2022	5	Research	Beta Nu Delta Nursing Socety	
BASIC LIFE SUPPORT TRAI	NING	09/05/2022	09/05/2022	8	Technical	Saudi Heart Association	
THE LEADERSHIP DIMENSION CULTIVATING CARE THE	ROUGH INNOVATIVE LEADERSHIP	07/27/2022	07/27/2022	8	Supervisory	Armed Forces Hospital Southern Region	
"Home Health Care Wound Care Workshop fo	or Patient Caregivers".	06/26/2022	06/26/2022	5	Technical	Home Health Care Armed Forces Hospital Southern Region	
PRINCIPLES OF LEADERSHIP & MANAGE	MENT IN NURSING	10/25/2021	10/25/2021	8	Supervisory	Armed Forces Hospital Southern Region	
Training of Trainers (ToT) Program of	on COVID-19	12/09/2020	12/11/2020	24	Technical	Project Hope	
COACHING in NURSING	3	10/09/2020	10/09/2020	1	Supervisory	Sigma Theta Tau International	
Certified Lean Six Sigma Yellow Be	It (CLSSYB)	05/02/2020	05/02/2020	4	Technical	Anexas Europe	
NURSE SCIENTIST COUF	RSE	05/01/2020	05/05/2020	40	Technical	National Institute of Nursing Research	
		PLEASE SEE A					
VIII. OTHER INFORMATION	(1	Continue on separati	e sheet if necessary,				
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST	TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A		Ideal Employee o	of the Year 2023			Saudi Society for Health Practitioner Education	
		Associate	e 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	
SIGNATURE	(1	Continue on separat	e sheet if necessary,	D4	TE	02/12/2025	
O. O. O. T. T. O. C.					_	CS FORM 212 (Revised 2017), Page 3 of 4	

## Attachment B.1

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 INTERVENTIC (Write in full)		INCLUSIVE DATES OF ING PROGRAMS  ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		Technical/etc)	
LEADERSHIP and MANAGEMENT		04/09/2020	04/10/2020	10	Managerial	Sigma Theta Tau International
NIH STROKE SCALE A-V3 CERTIFICATIO	DN .	09/09/2019	09/09/2019	8	Technical	National Institute of Health
BASIC CERTIFICATE IN QUALITY and SAF	ETY	02/01/2017	02/03/2017	18	Supervisory	Institute of Healthcare Improvement, USA
2/2/47/75	(Co	ntinue on separate s	heet if necessary)			201101002
SIGNATURE					DATE	02/12/2025

the chief of bureau or office or to the person who has Office, Bureau or Department where you will be approximate a within the third degree?  b. within the fourth degree (for Local Government Un	☐YES ☑N ☐YES ☑N If YES, give details:		
35. a. Have you ever been found guilty of any administra	☐YES ✓ If YES, give details:	NO	
b. Have you been criminally charged before any cour	☐YES ☐N  If YES, give details:  Date Filed:  Status of Case/s:	NO	
36. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐YES ✓ N  If YES, give details:	NO	
37. Have you ever been separated from the service in ar retirement, dropped from the rolls, dismissal, termina phased out (abolition) in the public or private sector?		YES If YES, give details:	NO
38. a. Have you ever been a candidate in a national or lo (except Barangay election)?	cal election held within the last year	☐YES ✓IN If YES, give details:	NO
b. Have you resigned from the government service d last election to promote/actively campaign for a natio		☐YES ✓ If YES, give details:	NO
39. Have you acquired the status of an immigrant or perr	YES If YES, give details (count		
<ul> <li>40. Pursuant to: (a) Indigenous People\'s Act (RA 8371); 7277); and (c) Solo Parents Welfare Act of 2000 (RA a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	YES   YES   If YES, please specify:   YES   YES   YES   YES, please specify ID I   YES, please specify ID I	No	
41. REFERENCES (Person not related by consanguinity or affinity to	applicant /appointee)		
NAME	ADDRESS	TEL. NO.	ID picture taken within
Ralph Alvin Caca	Eastern Visayas Medical Center		the last 6 months 3.5 cm x 4.5 cm (passport size)
Ma. Victoria Cagnan	Remedious Trinidad Romualdez Hospital		With full and handwritten
Elizabeth Nochete	Catarman Doctors Hospital		name tag and signature over printed name
42. I declare under oath that I have personally accomplied complete statement pursuant to the provisions of property philippines. I authorize the agency head/authorized ragree that any misrepresentation made in this cadministrative/criminal case/s against me.	Republic of the stated herein. I	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 02/12/2025 Date Accomplished	box)	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	affiant ov	hibiting his/her validly issued a	overnment ID as indicated above.
COROCATRE VIAN CAACATA TO BEIOLE LIIE (III2	Person Administering O		overning it is as indicated above.