



116TH BOARD OF REGENTS MEETING

BOR RESOLUTION NO. 147

Series of 2024

ENDORISING THE PARTICIPATION OF DR. MANUEL D. GACUTAN, JR TO THE ADVANCED SHORT COURSES ON SUSTAINABLE DAIRY PRODUCTION SYSTEM FOR SELECTED HEIs IN THE PHILIPPINES ON NOVEMBER 17 TO DECEMBER 1, 2024 AT MASSEY UNIVERSITY, NEW ZEALAND

WHEREAS, CHED en Banc through CEB Resolution No. 649-2024 approved the participation of Filipino faculty members at Massey University to study a short-term program entitled "Advanced Short Course on Sustainable Dairy Production System for Selected Higher Education Institutions in the Philippines.";

WHEREAS, the program requires the participation of faculty of universities with existing Philippine Carabao Centers and/or programs on animal and dairy science;

WHEREAS, fifteen (15) faculty from various SUCs in the country were identified by CHED to participate through CHED's Continuing Professional Development Studies Grant;

WHEREAS, Dr. Manuel D. Gacutan Jr., will represent the Visayas State University in the training program at Massey University, New Zealand from November 17 to December 1, 2024.

WHEREAS, Dr. Gacutan is expected to produce the following outputs;

- 1) An action plan on how to strengthen the dairy science curriculum, graduates and research outputs;
- 2) Capsule research proposal on animal and dairy science;
- 3) Establish formal institutional linkage with the dairy science consortia and Massey University for continuous research and upskilling efforts. ;

WHEREAS, the University Administrative Council favorably endorsed Dr. Gacutan's participation to the short-term program via referendum dated October 10, 2024;

Now, therefore, on motion, duly seconded, and unanimously approved, be it;

Resolved, as it is hereby resolved, the Board of Regents of Visayas State University endorses the participation of Dr. Manuel D. Gacutan, Jr to the Advanced Short Course on Sustainable Dairy Production System for Selected Higher Education Institutions in the Philippines on November 17 to December 1, 2024 at Massey University, New Zealand.

IN WITNESS of our approval thereof, we hereby affix our signatures this 15th day of October 2024 at LNU, Tacloban City, Philippines.

VSU BOARD OF REGENTS


HON. ETHEL AGNES P. VALENZUELA

CHED Commissioner and Chairperson
VSU-Board of Regents


HON. PROSE IVY G. YEPES

VSU President, Vice Chairperson
VSU-Board of Regents

HON. BERNADETTE REMALLA-MAYBITUIN

Representing Hon. **ALLAN PETER S. CAYETANO**
Chairperson, Senate Committee on Higher,
Technical and Vocational Education
Member, VSU BOR


HON. CARL NICOLAS C. CARI

Representing Hon. **MARK O. GO**
Chairperson, Committee on Higher & Technical
Education House of Representatives
Member, VSU BOR

HON. MEYLENE C. ROSALES

Regional Director, National Economic and
Development Authority Regional Office VIII
Member, VSU BOR

HON. ANDREW RODOLFO T. ORAIS

Regional Executive Director, Department of
Agriculture-RO8
Member, VSU BOR


HON. ERNESTO F. BULAYOG

Faculty Regent - VSU System Faculty Union of
Baybay Leyte
Member, VSU BOR


HON. OSCAR B. POSAS

President, VSU Federated Alumni Association
Member, VSU BOR


HON. RYAN C. ILAIDA

Student Regent - VSU Student Council Federation
Member, VSU BOR

Private Sector Representatives:

HON. ALAIN CHARLES J. VELOSO

Member, VSU BOR
Villaba, Leyte


HON. RUPERTO O. APARRI, III

Member, VSU BOR
Tacloban City, Leyte



CONTINUING PROFESSIONAL DEVELOPMENT STUDIES GRANT (CPDSG)



PROMISSORY NOTE

This **PROMISSORY NOTE** is hereby executed by:

The **MANUEL D. GACUTAN JR** of legal age, Filipino and with residence at **G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE** hereinafter referred to as “GRANTEE”;

and

The **VISAYAS STATE UNIVERSITY**, a higher education institution with official address at **VISCA, BAYBAY CITY, LEYTE** represented by **PROSE IVY G. YEPES** hereinafter referred to as “SHEI”.

GRANTEE and the SHEI are hereinafter individually referred to as Party and collectively as “**PARTIES**”.

Through the execution of this **PROMISSORY NOTE**, the **PARTIES** undertake the following:

1. By our application and subsequent approval for the Continuing Professional Development Studies Grant (CPDSG), we acknowledge that we shall abide by the rules as provided through CHED Memorandum Order No. 15, series of 2023, the Agreements signed by and between the PARTIES and the Commission on Higher Education (CHED), and all other policies in relation to CPDSG which no exists or may be promulgated in the future, hereinafter referred to as “**Policies**”.
2. We understand that the cost of the grant inclusions of the approved program of the grantee / nominee of the SHEI may be required for repayment to the Commission, according to the “**Policies**”.
3. Enforcement of full repayment of obligations shall be jointly borne by the grantee and SHEI;
4. The **PARTIES** promise to repay the appropriate obligations, without the need of demand, to the CHED, which shall be enforced through any of the following modes:
 - a. Automatic Salary Deduction of the SHEI payable for a period of no more than 12 months. The SHEI shall directly remit to CHED, the full amount to be repaid at the last month of the period of repayment;
 - b. Full payment made in cash or manager’s check directly remitted to CHED within 12 months of termination;

- c. Installment for a period of not more than six (6) months of which the SHEI shall remit to CHED through cash or manager's check the full amount to be repaid at the last month of the installment period;
 - d. Other repayment schemes which will ensure full repayment within three (3) months, upon the agreement of the Parties.
5. That, at the appropriate time, the **PARTIES** shall execute any documentation which may be required by any rules of both the SHEI and the CHED, or any relevant laws or policies, to implement the repayment of obligations through the abovementioned modes.
6. **Separability Clause.** In the event that one or more provisions contained herein shall be held invalid, illegal or unenforceable in any respect and for any reason, the remaining provision shall remain valid, legal and enforceable.

IN WITNESS WHEREOF, the parties hereto, through their respective representatives have hereunto set their hands this _____ (Date), _____ (Address).

MANUEL D. GACUTAN JR

GRANTEE

PROSE IVY G. YEPES

Head of Institution
(NAME OF HEAD OF INSTITUTION /
GOVERNING BOARD CHAIR *if the*
***applicant is the head of institution*)**

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) s.s.

BEFORE ME, a Notary Public, for and in the City of _____, this day of 20____,
personally appeared:

NAME	Valid ID Number	Date & Place Issued
PROSE IVY G. YEPES		
MANUEL D. GACUTAN JR	V00223	Visca, Baybay City, Leyte

KNOWN TO ME to be the same persons who executed the foregoing **PROMISSORY NOTE**
and acknowledged to me that the same is their own free act and deed.

WITNESS MY HAND AND SEAL, on the date and place above written.

NOTARY PUBLIC

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of 20____.



CONTINUING PROFESSIONAL DEVELOPMENT STUDIES GRANT (CPDSG)



APPLICATION FORM

APPLICATION CONTROL NUMBER
(To be accomplished by CHED)

Instructions: (1) Please write in PRINT; (2) Use a check mark (✓) to answer the appropriate box corresponding to your answer; (3) Ensure that the information provided is COMPLETE with no items left unanswered.

PERSONAL INFORMATION

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Last Name	GACUTAN	First Name	MANUEL JR	Middle Name	DATIG	Extension Name	JR
Birthdate (06/17/1986)	Sex	MALE	Age	38	Email Address	manuel.gacutan@vsu.edu.ph	
Permanent Address	G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE						
Current Address	G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE						
Mobile Number	09702926437	Phone Number				Citizenship	FILIPINO
Highest Educational Attainment	<input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Doctorate Degree <input type="checkbox"/> Master's Degree				Is the applicant a dual citizen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Name of School / HEI			Degree / Course (Please do not abbreviate)			
Bachelor's Degree Attained	LEYTE STATE UNIVERSITY (NOW VISAYAS STATE UNIVERSITY)			BACHELOR OF ANIMAL SCIENCE			
Master's Degree Attained	VISAYAS STATE UNIVERSITY SWEDISH UNIVERSITY OF AGRICULTURAL SCIENCES UNIVERSITY OF COPENHAGEN			MASTER OF SCIENCE IN ANIMAL SCIENCE MASTER OF SCIENCE IN ANIMAL SCIENCE MASTER OF SCIENCE IN ANIMAL DERIVED FOODS			
Doctorate Degree Attained	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS			DOCTOR OF PHILOSOPHY IN ANIMAL SCIENCE			

EMPLOYMENT DETAILS

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Sending Higher Education Institution (SHEI) (Do not abbreviate)	VISAYAS STATE UNIVERSITY		Number of Years in the HEI	16 YEARS AND 4 MONTHS
Campus (if applicable)	Province LEYTE	City / BAYBAY CITY	Congressional District	5 TH DISTRICT
College / Office / Department of Work Assignment	COLLEGE OF AGRICULTURE AND FOOD SCIENCE – DEPARTMENT OF ANIMAL SCIENCE		Position Title / Designation	ASSOCIATE PROFESSOR V/HEAD
Brief Description of Role / Work	Performs teaching (40%), research (30%), Extension (10%) and administration (20%).		Month and Year of Hiring (MM / YYYY)	06/2008
Employment Status (at the time of application)	<input checked="" type="checkbox"/> I am still employed in this institution <input type="checkbox"/> I am separated / no longer employed in this institution Last Date of Employment: _____		Type of Personnel (Sec 5, MORPHE) Please see descriptions in p. 3	<input checked="" type="checkbox"/> Academic <input type="checkbox"/> Academic Support <input type="checkbox"/> Non-Academic <input type="checkbox"/> Other Institution Officials <input type="checkbox"/> Head of Institution

Teaching Discipline (If applicable; Write N/A if not applicable)	<input checked="" type="checkbox"/> Agriculture, forestry, fisheries and veterinary <input type="checkbox"/> Arts and humanities <input type="checkbox"/> Business, administration and law <input type="checkbox"/> Education <input type="checkbox"/> Engineering, manufacturing and construction <input type="checkbox"/> Generic programmes and qualifications <input type="checkbox"/> Health and welfare <input type="checkbox"/> Information and Communication Technologies (ICTs) <input type="checkbox"/> Natural sciences, mathematics and statistics <input type="checkbox"/> Service Social sciences, journalism and information	Tenure	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent <input type="checkbox"/> Owner / Proprietor / Shareholder
		If currently employed, indicate type of employment	<input checked="" type="checkbox"/> Regular / Plantilla <input type="checkbox"/> Probationary / Temporary <input type="checkbox"/> Contractual / Contract of Service <input type="checkbox"/> Not Applicable due to Unemployment <input type="checkbox"/> Others, please specify: _____

PREVIOUS GRANTS RECEIVED FROM GOVERNMENT AGENCIES	
Have you ever received a scholarship or grant or training from any government agency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been approved as a grantee or part of the following CHED Grants / Project? (check all that apply)	
<u>K to 12 Transition Program Individual Scholarships and Grants:</u> <input type="checkbox"/> Scholarships for Graduate Studies-Local (SGS-L) <input type="checkbox"/> Scholarships for Graduate Studies-Abroad (SGS-A) <input type="checkbox"/> International Continuing Professional Education (ICPE) <input type="checkbox"/> Professional Advancement Grant <input type="checkbox"/> Sectoral Engagement Grant <input type="checkbox"/> Individual Research Grant <input type="checkbox"/> CMO No. 51, s. 2016 Grant <input type="checkbox"/> Action Research Grant <u>Local Graduate Scholarships Office Grants:</u> <input type="checkbox"/> Scholarships for Staff and Instructors Knowledge Advancement Program (SIKAP) <input type="checkbox"/> Continuing Professional Development Studies Grant (CPDSG)	<u>K to 12 Transition Program Institutional Grants:</u> <input type="checkbox"/> Continuing Professional Education Grant <input type="checkbox"/> Revised and Expanded Continuing Professional Education (RECPE) Grant <input type="checkbox"/> Institutional Development and Innovation Grants (IDIG) <input type="checkbox"/> Discovery-Applied Research and Extension for Trans/Inter-disciplinary Opportunities (DARETO) Research Grants <input type="checkbox"/> SALIKA Creative Grants <input type="checkbox"/> SHS Unit Grants <u>Other CHED Grants and Scholarships*</u> <input type="checkbox"/> Institutional Grants <input type="checkbox"/> Faculty Development Grant <input type="checkbox"/> International Continuing Professional Education (ICPE) Grant <input checked="" type="checkbox"/> Others: <u>CHED Dissertation Grant (2020)</u> * Note: Please include grants given by CHED where you were project team, facilitator, etc.

GRANT AND CLEARANCE INFORMATION (Please provide information on ALL awarded grants):				
AGENCY OF GRANT	NAME OF GRANT	YEAR OF GRANT	RETURN SERVICE DURATION (MM / YYYY - MM / YYYY or if Not applicable, please indicate "N/A")	CLEARED FROM THE GRANT?
DOST	DOST-ASTHRDP	2017-2021	02/2021-02/2024	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY CRITERIA CERTIFICATION	
Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.	
I am a Filipino citizen.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I have an existing regular or plantilla item with an HEI identified in the Scope and Coverage of the policy OR I am a part of the cohort duly identified and approved by the CEB	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
My work duties and/or responsibilities are aligned with the CPDSG programs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I meet the qualifications of the specific program being applied to	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>I have secured the following from my SHEI:</p> <ul style="list-style-type: none"> a. Permit to study issued by the Sending Higher Education Institution (SHEI) represented by its Governing Board or its equivalent and as duly endorsed by the Faculty and Staff Development Committee or its equivalent; b. Letter of Support from the SHEI represented by its Governing Board or its equivalent and duly endorsed by the Faculty and Staff Development Committee or its equivalent which will provide justification on the eligibility of the nominee and usefulness of the program to the nominee and its contribution to the SHEI upon completion of the program; c. SHEI's endorsement of the nominee's Re-entry Action Plan; d. For SHEIs who will require Return Service to their nominees, Copy of Return Service Agreement (<i>if applicable</i>); and e. For programs that only cover program fees/tuition fees, Certification of Support Funding must be submitted. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>For programs with a total duration of more than 30 days, I have provided evidence of being: a) physically fit to undertake and complete the program as attested by a medical certificate issued by a licensed physician; and b) mental fitness to undertake and complete the program as certified by the SHEI's guidance counselor, or a licensed psychiatrist or psychologist</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>I have completed a Bachelor's Degree or its equivalent from a CHED or MBHTE- recognized HEI</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>I have completed an undergraduate degree and/or post-graduate students from a foreign university.</p> <p>If yes, please specify the institution: MS ANIMAL SCIENCE - SWEDISH UNIVERSITY OF AGRICULTURAL SCIENCE AND MS ANIMAL DERIVED FOODS - UNIVERSITY OF COPENHAGEN</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>I have complied with other eligibility requirements, as provided by the CHED</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>INELIGIBILITIES</p> <p>Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided. All applicants are advised to read this section carefully. Applications which fall under the criteria for ineligibility based on the policy shall be disapproved.</p>	
<p>I hold a dual citizenship</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I am the SHEI focal person for the program.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I have an existing grant and/or scholarship contract with CHED at the time of application.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I have not been cleared from any CHED grant or scholarship awarded.</p> <p><i>Note: Clearance shall mean the issuance of an official certification or documentation that the applicant has been cleared of all accountabilities or responsibilities for awarded scholarships or grants, whether pursued or not pursued</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I have been a recipient of a grant under the CPDSG for the current calendar year.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I have an active application for another CPDSG program.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>The program provider is my employer or SHEI.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>I have NOT obtained a nomination from the SHEI.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><u>CHECK POINT</u></p>
<p>PRIOR TO AFFIXING YOUR SIGNATURE, PLEASE REVIEW THE DOCUMENT AND ENSURE THAT:</p> <ol style="list-style-type: none"> All answers are legible The information provided is COMPLETE, with no field unanswered All information provided in the ELIGIBILITY portion is correct. Applications which do not fulfill all eligibility criteria based on the policy shall be disapproved. All information provided in the INELIGIBILITIES portion is correct. Applications which fall under the criteria for ineligibility based on the policy shall be disapproved. Review carefully the attestations in the certification below

<p>OMNIBUS CERTIFICATION</p>
<p>This is to certify that by signing this document:</p> <ul style="list-style-type: none"> All information I have provided in this form is complete, true and correct to the best of my knowledge; I understand that it is my full responsibility to disclose any and all potential issues regarding my eligibility for and/or compliance with terms and conditions of the grant; I fully understand and accept the legal consequences and take full accountability of giving incorrect, untruthful, non-disclosure and/or misleading information to CHED; I certify that the supporting documentary submissions are not altered or modified electronically or otherwise. The Commission reserves the right to hold processing of applications which may be suspected to have been altered or modified, subject to further validation; I understand that all submitted application documents including its supporting documents shall be considered as property of the Commission and shall no longer be returned to the applicant notwithstanding the result of the application; I hereby give my consent for the Commission to collect, record, retrieve, consolidate and use information I have voluntarily provided concerning my application for the grant under CMO No. 15, s. 2023, or the "Continuing Professional Studies Development Grant"; I understand that the failure of CHED to identify concerns regarding my eligibility for or compliance with terms and conditions of the grant is not deemed a relinquishment of waiver of any subsequent breach or default of such terms and conditions and criteria;

- I understand that the approval of the grant is contingent on the eligibility criteria as provided in CMO No. 15, s. 2023, and as provided in this application package, and thus makes the approval of such a grant **non-transferrable**; and
- I am cognizant, willing, and accepting of this commitment, and the various terms and conditions of this grant as stipulated in CHED Memorandum Order (CMO) No.15, s. 2023 and all relevant CMOs issued and to be issued, and shall comply with the same.

MANUEL D. GACUTAN JR

Signature above Printed Name
Applicant

Date Signed

REMINDER: *Wet signature is required for the hard copies to be submitted to CHED after the evaluation of the electronic copies.*

DEFINITION OF TERMS

- **Academic Personnel** - includes those who are formally engaged in actual teaching or in research assignments, either on full-time or part-time basis
- **Academic Support Personnel** - are those who perform certain prescribed academic functions directly supportive of teaching, such as registrars, librarians, guidance counselors, researchers, and other persons performing similar functions including institution officials responsible for academic matters and affairs.
- **Non-Academic Personnel** - "rank and file" employees of the institution engaged in administrative functions and maintenance of a higher education institution.
- **Other Institution Officials** - refers to other officers, including academic personnel who are occupying supervisory positions involved in the implementation of policies of a higher education institution
- **Head of Institution** - refers to the chief executive officer of a higher education institution.



CONTINUING PROFESSIONAL DEVELOPMENT STUDIES GRANT (CPDSG)



MEDICAL CERTIFICATE

This form shall be accomplished by the physician examining the Applicant. Any medical examinations required must be complied accordingly by the Applicant. Note that a certified true copy of the result/s by the attending physician may be attached for verification, if deemed necessary. Any erasures in the form shall invalidate all remarks indicated.

PATIENT'S NAME GACUTAN, MANUEL JR D		SEX MALE	DATE OF CHECK UP
BIRTHDATE 06/17/1986	AGE 38	CONTACT NO. 09702926437	ADDRESS G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE
<u>PART 1. EXAMINATION BY A LICENSED PHYSICIAN</u>			
1. The applicant is currently physically fit to pursue the activities related to the grant, which may include activities listed below, or analogous: <div style="margin-left: 20px;"> a. Frequent travel, possibly for long distances b. Accomplishment of heavy or difficult academic requirements </div>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant have any pre-existing or current conditions that may be aggravated by high stress situations? If yes, specify: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>PART 2. RECOMMENDATION</u> <i>(Please check the result of the examination that applies to the applicant.)</i>			
<input type="checkbox"/> Based on the overall result of the medical examinations, the nominee is PHYSICALLY FIT to undergo the demands of the training program and to pursue and complete the grant.			
<input type="checkbox"/> Based on the overall results of the medical examinations, the nominee is <u>NOT</u> PHYSICALLY FIT to undergo the demands of the training program and to pursue and complete the grant.			

This certification is issued in connection with Mr./Ms GACUTAN and his/her application for the Grants under the CHED Memorandum Order No. 15, s. 2023.

APPLICANT	ATTENDING PHYSICIAN
By affixing my signature, I certify that I have been truthful in my disclosure regarding my health <div style="text-align: center;">MANUEL D. GACUTAN JR</div>	
SIGNATURE OVER PRINTED NAME OF APPLICANT	SIGNATURE OVER PRINTED NAME / PRC LICENSE NUMBER

By submitting this medical certificate, I certify that I am physically prepared to undergo the demands of the training program and to pursue and complete the grant.

MANUEL D. GACUTAN JR
 Signature over Printed Name of Applicant



CONTINUING PROFESSIONAL DEVELOPMENT STUDIES GRANT (CPDSG)



CERTIFICATION OF MENTAL FITNESS

This form shall be accomplished by the mental health professional¹ examining the Applicant. Any examinations required must be accomplished accordingly by the Applicant. Note that a certified true copy of the result/s by the mental health professional may be attached for verification, if deemed necessary. Any erasures in the form shall invalidate all remarks indicated.

APPLICANT'S NAME MANUEL D. GACUTAN JR		SEX MALE	DATE OF EVALUATION
BIRTHDATE 06/17/1986	AGE 38	CONTACT NO. 09702926437	ADDRESS G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE
<u>PART 1. EXAMINATION BY THE MENTAL HEALTH PROFESSIONAL</u>			
1. The applicant has been evaluated to be mentally fit to pursue the activities related to the grant, which may include activities listed below, or analogous: <ul style="list-style-type: none"> a. Frequent travel, possibly for long distances b. Accomplishment of heavy or difficult academic requirements 		<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div>	
2. Does the applicant have any pre-existing or current mental health conditions that may be aggravated by high stress situations? If yes, specify: _____		<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> </div>	
<u>PART 2. RECOMMENDATION</u> <i>(Please check the result of the examination that applies to the applicant.)</i>			
<input type="checkbox"/> Based on the overall result of the evaluation, the nominee is MENTALLY FIT to undergo the demands of the training program and to pursue and complete the grant.			
<input type="checkbox"/> Based on the overall results of the evaluation, the nominee is NOT MENTALLY FIT to undergo the demands of the training program and to pursue and complete the grant.			

This certification is issued in connection with Mr./Ms GACUTAN and his/her application for the Grants under the CHED Memorandum Order No. 15, s. 2023.

APPLICANT	EVALUATOR
By affixing my signature, I certify that I have been truthful in my disclosure regarding my health <div style="text-align: center;">MANUEL D. GACUTAN JR</div>	
SIGNATURE OVER PRINTED NAME APPLICANT	SIGNATURE OVER PRINTED NAME POSITION / SPECIALIZATION PRC LICENSE NUMBER

By submitting this certification of mental fitness, I certify that I am mentally prepared to undergo the demands of the training program and to pursue and complete the grant.

MANUEL D. GACUTAN JR
 Signature over Printed Name of Applicant

¹ SHEI's Guidance Counselor OR Licensed Psychiatrist OR Licensed Psychologist



CONTINUING PROFESSIONAL DEVELOPMENT STUDIES GRANT (CPDSG)



STATEMENT OF ELIGIBILITY

Application for the Continuing Professional Development Studies Grant (CPDSG)

I, **MANUEL D. GACUTAN JR**, Filipino, **38**, with permanent address at **G2 DUPLEX, VISCA, BAYBAY CITY, LEYTE**, after being sworn in accordance with law, hereby depose and state that:

1. I am applying for the Continuing Professional Development Studies Grant (CPDSG) under CMO No. 15, s. 2023;
2. By executing this statement, I am affirming my eligibility for the grant, pursuant to Section 2.1. of CMO No. 15, s. 2023:

“2.1. Qualifications

- 2.1.1. *Must be a Filipino citizen.*
- 2.1.2. *Must have an existing regular or plantilla item with an HEI identified in the Scope and Coverage OR participants duly identified and approved by the CEB.*
- 2.1.3. *Work duties and/or responsibilities are aligned with the CPDSG programs.*
- 2.1.4. *Must meet the qualifications of the specific program being applied to.*
- 2.1.5. *Must secure the following:*
 - 2.1.5.1. *Permit to study issued by the Sending Higher Education Institution (SHEI) represented by its Governing Board or its equivalent and as duly endorsed by the Faculty and Staff Development Committee or its equivalent;*
 - 2.1.5.2. *Letter of Support from the SHEI represented by its Governing Board or its equivalent and duly endorsed by the Faculty and Staff Development Committee or its equivalent which will provide justification on the eligibility of the nominee and usefulness of the program to the nominee and its contribution to the SHEI upon completion of the program;*
 - 2.1.5.3. *SHEI's endorsement of the nominee's Re-entry Action Plan;*
 - 2.1.5.4. *For SHEIs who will require Return Service to their nominees, Copy of Return Service Agreement (if applicable); and*
 - 2.1.5.5. *For programs that only cover program fees/tuition fees, Certification of Support Funding must be submitted.*
- 2.1.6. *For programs with a total duration of more than 30 days, applicant must provide evidence of being: a) physically fit to undertake and complete the program as attested by a medical certificate issued by a licensed physician; and b) mental fitness to undertake and complete the program as certified by the SHEI's guidance counselor, or a licensed psychiatrist or psychologist.*
- 2.1.7. *Has completed a Bachelor's Degree or its equivalent from a CHED or MBHTE-recognized HEI.*
- 2.1.8. *Additional eligibility requirements, as needed, may be applied as approved by the Commission en Banc.”*

3. Further, I provide certification that I do not fall under the following circumstances, which shall mean my ineligibility for the grant, pursuant to Section 2.2. of CMO No. 15, s. 2023:

“2.2. Ineligibility

- 2.2.1. *Applicants with dual citizenship.*
- 2.2.2. *Nominated SHEI Focal Person for the program.*
- 2.2.3. *Applicants who are on official leave and/or not in active service to the HEI (i.e. on special detail, secondment, etc.).*
- 2.2.4. *Applicants who have an existing grant and/or scholarship contract with CHED at the time of application.*
- 2.2.5. *Applicants who are not cleared from any CHED grant or scholarship awarded.*

- 2.2.6. *Applicants who have been a recipient of a grant under the CPDSG for the current calendar year.*
- 2.2.7. *Applicants with more than one application and/or admission among eligible grants under the CPDSG.*
- 2.2.8. *Applicants who are nominated by their HEI to attend a program/training course offered by the same under the CPDSG.*
- 2.2.9. *Applicants who failed to obtain a nomination from their SHEI.*
- 2.2.10. *Applicants without a regular or plantilla item from the HEI unless approved by the CEB.*
- 2.2.11. *Applicants who have been terminated from the Scholarships for Staff and Instructors' Knowledge Advancement Program (SIKAP) or other grants under the CPDSG.*
- 2.2.12. *Applicants who do not fulfill the qualifications provided in the policy and eligibility requirements of the program as approved by the CEB, including **non-compliant** / **incomplete submissions and/or re-submission of out-of-date application** / **documentary requirements.**"*

- 4. I affirm the veracity of the information declared in the Application Package, for which this Statement of Eligibility is a requirement;
- 5. I affirm that I have disclosed all relevant information regarding my eligibility to the grant;
- 6. I am cognizant, willing, and accepting of this commitment, and the various terms and conditions of this grant as stipulated in the CMO No. 15, s. 2023 and all relevant CMOs and shall comply with the same;
- 7. I understand that the non-disclosure of any circumstance or information which may affect my eligibility for the grant may result to the appropriate actions as determined by the CHED, including but not limited to the revocation of the grant, or disapproval of my application;
- 8. I understand that the failure of CHED to identify concerns regarding my eligibility for or compliance with terms and conditions of the grant is not deemed a relinquishment of waiver of any subsequent breach or default of such terms and conditions and criteria;
- 9. I understand that the approval of the grant is contingent on the eligibility criteria as provided in CMO No. 15, s. 2023, and as provided in this application package, and thus makes the approval of such a grant **non-transferrable**; and
- 10. I fully understand that any provided information that is incorrect or untruthful, including the non-disclosure of material information as required by CMO No. 15, s. 2023, including but not limited to its eligibility requirements, may lead to the revocation, termination, or disqualification of / from the grant, and may subject me to the appropriate legal action.

WHEREFORE, in order to attest to the truth of the foregoing, I hereby affix my signature to this Certification this ____ day of OCTOBER, 2024 in BAYBAY CITY, LEYTE.

MANUEL D. GACUTAN JR
Signature above Printed Name
Applicant

SUBSCRIBED AND SWORN to before me, this __ day of October 2024 at Baybay City,
Leyte, Philippines.

<<NOTARY>>