

INSTRUCTIONS:

1. All psychologists/ psychometricians working in medical facilities for overseas workers and seafarers shall fill up this information sheet. Use additional sheets when necessary.
2. **Submit** duly accomplished information sheet to Ms. Edelyn Orillo, Ms. Glenda Orenca or Ms. Felicitas Mariano at the Bureau of Health Facilities and Services (BHFS) Building 15 DOH San Lazaro Compound, Rizal Avenue, Manila, **not later than July 1, 2009**. Their contact numbers are 743-8301 local 2502-2504 or 711-6982.
3. Should you have further queries, you may get in touch with Dr. Cynthia R. Rosuman at 743-8301 local 2525 or 711-9572, BHFS-DOH.

INFORMATION SHEET

Name: _____ Designation: _____

Age: _____ Status: _____ Residence: _____

Cell phone no.: _____ Office no.: _____ Fax no.: _____

Name of clinic where psychologist/ psychometrician is currently employed:

Address of clinic: _____

Employment status: (Please check) Full time Part time Consultant

Professional affiliation: _____

Degree/s earned _____ Obtained in _____ Date _____

1. Undergraduate: _____

Major: _____ Minor: _____

2. Graduate: _____

3. Post-Graduate: _____

Actual experience in psychological assessment:

Name of company/ school	Nature of business	Duration of training	
		From	To

1. _____

2. _____

3. _____

Average number of persons tested:

Per day _____ Per week _____ Per month _____ Others (specify) _____

What tests are you presently using? (Specify)

Test used	Length of time this test has been used	Purpose
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List down psychological tests you can handle efficiently. Indicate also whether level of efficiency covers any or all of the following: (Please mark with a check \checkmark)

1. Can administer only
2. Can administer and score
3. Can administer, score, and interpret

Name of test	Administer	Score	Interpret	Name/s of person/s who will certify this

Excluding college and on-the-job training background, please describe in a detailed essay your practical experience with psychological tests you have used in your work. Please specify the **names of the tests**, where it was used, and **from when and until when** you have handled those tests.

Signature of psychologist/ psychometrician over printed name

Date