Republic of the Philippines
Professional Regulation Commission
Lucena City

- ❑ ORIGINAL
- ❑ DUPLICATE
- ❑ REPRINT
- ❑ REPLACEMENT

paste your passport size picture with nametag here

BOARD CERTIFICATE REQUEST FORM

Please fill all blanks:

SURNAME **FIRST NAME** **MIDDLE NAME** **MAIDEN NAME**

License/Registration No. _____ Date of Registration: _____

FOR TEACHERS:

[ ] LET Passer _____ *(mm/yyyy)* [ ] Elementary [ ] Secondary

[ ] PBET Passer/Magna Carta (Res. No.) _____

Contact Number: _____

OTHER PROFESSIONS:

_____ _____
Name of Profession Date of Examination

Amount: _____ O.R. No: _____

O.R. Date: _____ Issued by: _____

Requirements:

- 1 piece passport size picture with name tag *(last name, first name, middle name)*
- Photocopy of Updated Professional Identification Card/License *(for old registrant only)*

Date Filed: _____

Instructions:

1. Fill up the request form.
2. Submit request form with the requirements at Window 1 & 2 for Various Professions; Window 3, 4, & 5 for Nurses; Window 6, 7, & 8 for Teachers.

CLAIM STUB FOR BOARD CERTIFICATE

Registered Name: _____ Received by: _____

License / Registration No.: _____ Date of Registration: _____ Date Filed: _____

Remarks: Follow up your board certificate after six months. ***Telephone No. (042) 373.73.16***

Note: REPRESENTATIVES WITH PROPER IDENTIFICATION SHOULD PRESENT **SPECIAL POWER OF ATTORNEY** FROM THE REGISTERED PROFESSIONAL AND THIS **ORIGINAL CLAIM SLIP**.