



WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City

"PhilHealth Accredited Health Care Provider"

Tel No. (033) 320 2431 / Fax No. (033) 3202623 / Email Address: medicenter@wvsu.edu.ph

ANNEX "D4"



PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION (Original/Renewal)

NAME : JERUSHA A. COMUELO
POSITION: MEDICAL SPECIALIST IV
STATUS OF APPOINTMENT: FULLTIME PERMANENT

DEPARTMENT: PEDIATRICS
DESIGNATION: CHAIRPERSON

A. State briefly the exact nature of proposed limited practice of profession and the reason/s for engaging in it. Explain how it will enhance service to the Medical Center.

I will practice my profession for 8 hours a day or 40 hours a week in WVSUMC. I also have cross appointment as professor in WVSU college of Medicine and designated as the chairperson in the same Department of Pediatrics thus also have academic responsibilities (such as lecture, tutor, preceptor, preparation of exams and grades of the medical students, preparing instructional designs, and other paper works) as required by the university and other pertaining governing bodies. I will do my private practice and other obligations in the other hospital or institutions I am affiliated to only after completion of duties as prescribed by the number of hours by this institution.

B. Indicate time involvement (approximate number of hours to be spent in the Practice of Profession or the time schedule)

My duty hours in the WVSUMC is 8 hours weekdays on call for administrative and clinical decision making. My private practice and engagements will be after completion of my duties as prescribed by number of hours by this institution, weekends and declared local/national holidays. I am designated by the Department of Health as expert medical specialist/panelist in Region 6 as deemed necessary for the classification of disease according to my specialty/subspecialty and proper paper documents sent to the Medical center Chief. I may be a lecturer/moderator/trainer/trainee/attendee in other institutions provided a duly applied leave during office hours was approved.

C. Indicate where Practice of Profession will be done.

I will be performing my duties and responsibilities as pediatrician/ child neurologist and other related engagement or obligations in the practice of my profession including independent director in the private hospital (Asia Pacific Medical Center) in Panay, expert Medical Specialist in Regional Adverse Events following Immunization in Regional 6, Region 6 Acute Flaccid Paralysis Classification for Poliomyelitis and other medical schools.

<p>1. I hereby abide by the rules and regulations approved by the President and the Board of Regents governing limited Practice of Profession:</p> <p>_____</p> <p>Signature of Applicant</p>	<p>4. Recommending Approval</p> <p>DAVE ENDEL R. GELERO, M.D., MM, FPCS, FPSGS, FPALES OIC-Medical Center Chief</p> <p>Medical Center Chief Date</p>
<p>2. Recommended by:</p> <p>MARCOS D. BITO-ONG, MD, MPA, FPSA, DPBPM ASSISTANT HOSPITAL DIRECTOR FOR HEALTH OPERATIONS</p> <p>Department/Chairman 3/8/2022 Date</p>	<p>5. Recommending Approval</p> <p>CELINA C. BELLADA, MD, FPA, FPSEBF VICE PRESIDENT FOR MEDICAL AND ALLIED SCIENCES</p> <p>Vice President for Date Medical and Allied Sciences</p>
<p>3. Endorsed by:</p> <p>DARYL J. DIAZ VISING ADMINISTRATIVE OFFICER HRMO Head</p> <p>Date</p>	<p>6. Approval/Disapproval</p> <p>JOSELITO J. VILLARUZ, M.D., Ph.D., FPPS SUC President IV</p> <p>President Date</p>

11 2022