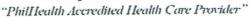


WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER

E. Lopez St., Jaro, Iloilo City





WVSUMC-HRMO-F99-02



Tel No.: (033) 320 2431 Fax No.: (033) 3202623 Fmail Address: medcenter/a wysu.edu.ph

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

NAME

: AGNES JEAN M. VILLAFLOR

DEPARTMENT: INTERNAL MEDICINE

:OIC HEAD KIDNEY UNIT/TRAINING OFFICER DESIGNATION: MEDICAL SPECIALIST II

STATUS OF APPOINTMENT: PERMANENT

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.

Being the Training Officer of the Dept of Internal Medicine, my duties are to guide the resident trainees of the department to become future Internists based on the manual of training set by the department and the Philippine College of Physician. This entails several teaching/learning activities which are designed in the training manual. As OIC of the Kidney Unit, my tasks include both Clinical and Administrative functions for the purpose of delivering services to our Chronic Kidney Disease patients who need for dialytic treatments. This unit also serves to help in the training of both the Internal medicine residents and the nurses. My duties will be served at least 40 hours per week, Monday to Friday. I ask permission to continue my private practice as an Internist, and Nephrologist, and also to exercise some private corporate functions. All these will be done after my daily duties at WVSUMC. The private practice for my profession will enrich and optimize both my clinical and administrative management competencies which I can apply in our setting.

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

I will continue to render at least 40 hours per week of duty at WVSUMC from 7 am to 3 pm Monday to Friday, including duties which may require off regular office hours or weekends. My private functions will be scheduled after my WVSUMC responsibilities are finished.

Indicate where Practice of Profession will be done.

The limited practice of profession will be at my clinic at M3 Dialysis Center, Mabini St Iloilo, and in other hospitals in the city where I am also affiliated with. (Iloilo Mission Hospital, St. Paul's Hospital, Iloilo Doctor's Hospital, Medicus Medical Center, The Medical City, Iloilo) I also have affiliations with the different Free Standing Hemodialysis Units here at Iloilo City.

a 16 who hide bushe rules and regulations	4. Recommending Approval
I hereby abide by the rules and regulations approved by the President and the Board of Regents governing limited Practice of Profession: Signature of Applicant	
PATRICIO P. PALMER, MD, FPCP, FPCC FPSE, FPSVivi Department Chairman Date	5. Recommending Approval CELINA C. SELLANDA ADDIES SPECE Vice President for Date Medical and Allied Sciences Date
3. Endorsed by: PDARYL J. DIAZ. Ph.D. FCD Z 8 707	6. Approval/Disapproval JOSELITO F. VILLARUZ, M.D., Ph.D., FPPS SVC President IV
SUPERVISING ADMINISTRATIVE OFFICER HRMO Head Date	President Date