



**PHILIPPINE ACADEMY OF MICROBIOLOGY, INC.  
(PAM)**

10037 Ruby St. Los Baños Subdivision, Brgy. Batong Malake,  
Los Baños Laguna 4030

Email: [connect@pam.org.ph](mailto:connect@pam.org.ph); CP: 09175160793

FORM

***PAM-FM-07-01-002B***

Section	Records and Information Requirement	Page	1
Subsection	Records of applicants, candidates, and certified persons	Effectivity Date	October 1, 2025
Subject	<b>Application Form for Registered Microbiologist Without Certification Examination for an MS Degree Holder Under Meritorious Cases (Industry)</b>	Revision No.	1

2" x 2" Photo of Nominee

**1. GENERAL INFORMATION**

<b>Name of Applicant</b>		
<b>Permanent Address</b>		
<b>Mailing Address</b>		
<b>Date and Place of Birth</b>		
<b>Name and Address of Employer</b>		
<b>Present Occupation / Position in Employment</b>		
<b>Landline Number</b>	<b>Mobile Number</b>	<b>Email Address</b>
<b>Nationality</b>	<b>Civil Status</b>	<b>Gender</b>

**1. ACADEMIC QUALIFICATIONS**

<b>Degree</b>	<b>Specialization</b>	<b>University and Address</b>	<b>Year Graduated</b>

**2. MICROBIOLOGY COURSES TAKEN IN ALL DEGREES ATTAINED**

<b>Microbiology Courses</b>	<b>Number of Units</b>
General or Basic Microbiology	
Microbial Physiology	
Diagnostic or Clinical Microbiology	
Microbial Ecology / Environmental Microbiology	
Microbial Genetics	
Microbial Taxonomy / Microbial Identification	
Soil Microbiology	
Food Microbiology	
Industrial Microbiology	
Medical Microbiology	
Molecular Microbiology	
Mycology	
Virology	
Phycology	
Plant Pathology	
Public Health Microbiology	

Practicum in Microbiology	
*Research/Thesis in Microbiology	
Others (please specify)	

\*Must attach: 1) Photocopy of the acceptance page or certified true copy of the certification of adviser that the research is in microbiology, and  
2) Title and abstract of the research

### 3. PROFESSIONAL EXPERIENCE

At least fifteen (15) years of professional work experience as a microbiologist and must have occupied a supervisory position in the industry. (*Attach supporting documents*)

<b>Institution/Employer Name</b>	
<b>Address</b>	
<b>Contact Number of Institution/Employer</b>	
<b>Email Address</b>	
<b>Position</b>	
<b>Nature of MCB-related Work</b>	
<b>Inclusive Period (Month and Year)</b>	
<b>Institution/Employer Name</b>	
<b>Address</b>	
<b>Contact Number of Institution/Employer</b>	
<b>Email Address</b>	
<b>Position</b>	
<b>Nature of MCB-related Work</b>	
<b>Inclusive Period (Month and Year)</b>	
<b>Institution/Employer Name</b>	
<b>Address</b>	
<b>Contact Number of Institution/Employer</b>	
<b>Email Address</b>	
<b>Position</b>	
<b>Nature of MCB-related Work</b>	
<b>Inclusive Period (Month and Year)</b>	

**4. ACCOMPLISHMENTS AS A MICROBIOLOGIST IN THE INDUSTRY**

The applicant must have accomplished at least two (2) of any of the following listed in 4A to 4C. (Attach supporting certification by the company on such two items, detailing the accomplishments)

**A. Introduced a new, applicable microbiology-related process to the company, which has been adopted by the company**

Name of Company/Institution	
Address of Company/Institution	
Contact Number of Company/Institution	
Email Address of Company/Institution	
Position of the Applicant	
Inclusive Period of Employment (Month and Year)	
Specific, new, applicable Microbiology-related Process Adopted by the Company/Institution	

**B. Solved through research, a microbiology-related problem of the company**

Name of Company/Institution	
Address of Company/Institution	
Contact Number of Company/Institution	
Email Address of Company/Institution	
Position of Applicant	
Inclusive Period of Employment (Month and Year)	
Specific Microbiology-related Problem Solved for the Company/Institution	

**C. Developed a microbiology-related product that is currently commercialized or sold in the market**

Name of Company/Institution	
Address of Company/Institution	
Contact Number of Company/Institution	
Email Address of Company/Institution	
Position of Applicant	
Inclusive Period of Employment (Month and Year)	
Specific Microbiology-related Product Currently Commercialized or Sold in the Market	

<p><b>APPLICANT</b></p> <p><i>I certify that the information I provided on and in connection with this form is true and correct. I agree to comply with the certification requirements and to supply any information needed for assessment.</i></p> <p>Signature over printed name</p> <p>Date:</p>	<p><b>ENDORSEMENT by PAM Member (Diplomate or Fellow)</b></p> <p><i>I vouch for the nominee's good moral character and fulfillment of the aforementioned criteria.</i></p> <p>Signature over printed name</p> <p>Date:</p>
---	--

**NOTE:** Email the completed application form together with the following documents (as ONE PDF FILE ONLY) to **The CBd Secretary**. Email address: **cbd@pam.org.ph**

1. Diplomas or certifications of graduation
2. Transcripts of records or certified true copy of grades
3. Certification(s) of professional work experience(s)
4. Certifications from the company on the accomplishments as a microbiologist
5. Proof of payment (bank deposit slip) of the application fee of Php 3,000.

Pay to: PAM PNB account number: 246470000865

Upon approval of the application, a certification fee of Php 3,000 will be required. Pay to the same bank number as above and submit a copy of the payment receipt to: **cbd@pam.org.ph**

**FOR PAM USE ONLY**

	Amount	OR Number	Date	Remarks
Application fee	(PhP 3,000)			
Certification fee	(PhP 3,000)			

Revised:

PAM CBd  
April 11, 2026

