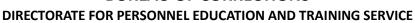


Republic of the Philippines DEPARTMENT OF JUSTICE

BUREAU OF CORRECTIONS





NATIONAL HEADQUARTERS
NBP Reservation, Muntinlupa City, Philippines, 1776

BUCOR CORPS OF PROFESSOR ACCREDITATION FORM (2024 EDITION)

•	 Print legibly, and if needed, use a separate sheet. Indicate N/A if not applicable. Do not abbreviate. 						
A.	A. PERSONAL PROFILE						
	Rank/Name:(Last Name)	(First Name)	(Middle Name)				
			Civil Status:				
	Address:	· · · · · · · · · · · · · · · · · · ·					
	Contact Number:		Email Address:				
В.	B. EDUCATIONAL BACKGROUND Preferred Subject/s to be taught:						
	Course/s:(e.g. COSEC, COBC, COAC, CSSC, CJSC, COCBC CORBC etc.)						

	DEGREE	SCHOOL	YEAR	HONORS
	COURSES		GRADUATED	RECEIVED
COLLEGE				
GRADUATE				
STUDIES				
FIELD OF				
DISCIPLNE				
SCHOLARSHIP(s)				
GRANTED				
(indicate grantor)				

(Continue in separate sheet if necessary)





C. CIVIL SERVICE ELIGIBILITY

Career Service/RA 1080 (Board or Bar) /CESO/CES/CSEE	Rating	Date of Exam	Place of Exam	Date of Eligibility / Conferment

(Continue in separate sheet if necessary)

D. WORK EXPERIENCE

TEACHING EXPERIENCE

NAME OF HIGHER EDUCATIONAL INSTITUTIONS/SERVICE SCHOOL	SUBJECT(S)	INCLUSIVE DATES (MM/DD/YYYY)

(Continue in separate sheet if necessary)

SCHOOL EDUCATIONAL/ADMINISTRATIVE EXPERIENCE

NAME OF HIGHER EDUCATIONAL INSTITUTIONS/SERVICE SCHOOL	POSITION	INCLUSIVE DATES (MM/DD/YYYY)

(Continue in separate sheet if necessary)





OTHER PROFESSIONAL EXPERIENCES/SPECIAL SERVICES/ASSIGNMENT

NAME OF ORGANIZATION	ADDRESS	POSITION/NATURE OF WORK	INCLUSIVE DATES (MM/DD/YYYY)

(Continue in separate sheet if necessary)

E. TRAINING/SEMIMAR ATTENDED

TITLE (Write in full)	INCLUSIVE DATES (MM/DD/YYYY)	NUMBER OF HOURS	TYPE OF LD (Managerial, Supervisory, Technical)	CONDUCTED BY (Write in full)

(Continue in separate sheet if necessary)

F. ACHIEVEMENTS AND AWARDS

PROFESSIONAL ACHIEVEMENT

TITLE OF BOOK, RESEARCH	DATE WRITTEN	DATE	PLACE OF
AND ARTICLE		PUBLISHED	PUBLICATION

(Continue in separate sheet if necessary)





TERTIARY ACADEMIC, FACULTY AWARDS RECEIVED

NATURE OF AWARD	DATE AWARDED	AWARDED BY (Write in full)
	(Continue in congrete sheet if	2222227

(Continue in separate sheet if necessary)	
Signature over Printed Name	_

I hereby declare that the above-mentioned information is true and valid. I authorize the agency head/authorize representative to verify/validate the contents stated herein.



