

AUTHORITY TO PRACTICE

I, DR. MARSHA LOURDES CONNAN - MORATO would like to seek your permission and approval to allow me to engage in **Private Practice of Profession**.

(Please specify the Following)

- Name of Profession: ANESTHESIOLOGIST / PHYSICIAN
- Nature of Service: HEALTH CARE
- Schedule of Private Practice: MONDAY, TUESDAY, FRIDAY & SATURDAY
- Employer (if any): APMC-AKLAN, SEMC, PHC-MPC, ACMH, SJH

outside of my official time in the Provincial Government of Aklan for Cy 2025 - 2026. I am fully aware and understand the 2017 Omnibus Rules on Appointments and Other Human Resource Actions of the Civil Service Commission (CSC) particularly Section 136 thereof which states that *"No officer or employee, whether in a permanent or regular capacity, temporary, casual, or hold-over, shall engage directly or indirectly in any private business or practice of profession. Exemptions may be allowed, subject to the limitations provided under RA No. 6713 and other special laws. Provided further, that the following requirements/conditions are met:*

1. *Written permission from head of agency must be secured and renewed annually;*
2. *Time devoted outside of office hours shall not impair in any way the efficiency of the officer or employee nor pose a conflict or tend to conflict with the official functions and must be fixed by the head of agency; and*
3. *Government facilities, equipment and supplies shall not be used while engaged in private business or practice of profession."*

Moreover, I am willing to adhere to the other conditions prescribed in E.O. _____ *"Guidelines on the Authority to engage in a Limited Practice of Profession by employees holding Permanent/Casual Plantilla Positions in the Provincial Government of Aklan"* to wit:

- a. *Written permission from the head of agency shall be secured and renewed every year;*
- b. *Private Practice of Profession must be undertaken during off-duty hours.*
- c. *It shall not in any way be in conflict with the duties and functions of the employee nor entail conflict of interest with the Provincial Government.*
- d. *It shall not impair the efficiency in the discharge of the employee's duties and responsibilities, and in case of conflict, government service must be prioritized.*
- e. *It shall not involve the use of government funds or property.*
- f. *It shall indicate therein the time and place of such private practice.*
- g. *It shall adhere to the provisions of the Constitution, Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees), the 2017 Omnibus Rules on Appointments and Other Human Resource Action, and other relevant Civil Service Law and Rules.*
- h. *Any violation and/or abuse of the conditions set forth in the grant of authority to practice of profession shall be a ground for cancellation and/or revocation of the authority without prejudice to administrative, civil, and/or criminal liabilities.*

In compliance thereof, I am submitting the following documents:

1. Copy of Schedule and Official Time at _____
2. Employment Contract/Certificate of Employment (If applicable)

DR. MARSHA LOURDES P. GONZALEZ-MORATO
Name and Signature

MEDICAL DEPT
Office/Department

Endorsed by:

DR. KAROL MARK LACHICA
Head of Unit/Services

Recommending Approval:

DR. KAROL MARK LACHICA
Chief of Hospital/Head of Office

METHUSELAH T. SANTAMARIA
Provincial Government Department Head
Provincial Human Resource Management Office
PGDH - PHRMO

APPROVED:

HON. JOSE ENRIQUE M. MIRAFLORES
Provincial Governor