Republic of the Philippines
Province of Cagayan
TUGUEGARAO CITY
Phone number: 0953-588-3721 | email address: cmotuguegaraocity@gmail.com

OFFICE OF THE CITY MAYOR

04 February 2026

OFFICE OF THE S.P SECRETARY
TUGUEGARAO CITY, CAGAYAN
RECEIVED
Date 04/04/26
Time 17:01
By

THE HONORABLE MEMBERS
Sangguniang Panlungsod
This City

Thru: HON. ROSAURO RODRIGO G. RESUELLO
Vice Mayor and Presiding Officer

Dear ***Honorable Members of the Sanggunian***:

Herewith is the Memorandum of Agreement between the Tuguegarao City Government and St. Paul University Philippines relative to the Community Related Learning Experience of the latter's Nursing students, for your information and appropriate action.

Thank you!

In the name of public service,

MAILA ROSARIO S. TING-QUE
City Mayor

Copy furnished:

- *SPUP*
- *LYDO*

St. Paul University Philippines
Tuguegarao City, Cagayan Valley 3500
Tel: 078-396-1987-1997
www.spup.edu.ph

SCHOOL OF NURSING AND ALLIED HEALTH SCIENCES

February 3, 2026

HON. MAILA ROSARIO TING-QUE
City Mayor
Carig Sur, Tuguegarao City, Cagayan

SUBJECT: RENEWAL OF MEMORANDUM OF AGREEMENT FOR COMMUNITY AFFILIATION

Dear Ma'am:

Paulinian Greetings!

We, the School of Nursing and Allied Health Sciences, of St. Paul University Philippines, hereby formally express our intent to renew the Memorandum of Agreement (MOA) for the Community Related Learning Experience (RLE) duties with extension to the Barangay Health Stations and City Health Office of Tuguegarao City, previously executed with the Local Government Unit of Tuguegarao City and St. Paul University Philippines.

For the renewed MOA, we propose to continue our partnership with your good office for a three (3) year period commencing on **February 3, 2026-February 3, 2029.** We commit to ensure all students undergo proper orientation on community protocols, ethics, and safety standards before deployment.We also pledge to corrdinate closely with the LGU's Local Youth Deployment Office (LYDO) to streamline implementation and monitor progress.

We respectfully request your approval of this intent and look forward to meeting with you to finalize the terms of the renewed MOA at your convenience. For inquiries, please contact me at jocelynzingapan@spup.edu.ph or 09066403681.

Thank You for your continued partnership in nurturing competent, service-oriented professionals and advancing the welfare of Tuguegarao City's communities.

Respectfully yours,

JOCELYN G. ZINGAPAN, MSN
Coordinator for Community Health Nursing Levels III & V

Noted by:

ALLAN PAULO L. BLAQUERA, PhDNS, PhD, RN
Program Coordinator for Nursing Levels III-V

Endorsed by:

GENALIN L. TAGUIAM, MSN
Acting Dean, School of Nursing and Allied Health Sciences

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

The contact of Affiliation entered this _____ day of _____ 2026 at Tuguegarao City, Philippines, by the between:

ST. PAUL UNIVERSITY PHILIPPINES knows as the 1st party with business and postal address at Mabini St., Tuguegarao City, Cagayan duly recognized institution by the Commission on Higher Education, represented by **SISTER MERCEDITAS O. ANG, SPC**

-and-

CITY GOVERNMENT OF TUGUEGARAO, known as the 2nd Party, with the address at Carig, Tuguegarao City, Cagayan Valley, Philippines, duly represented herein by **HON.MAYOR MAILA ROSARIO S. TING-QUE** herein referred to as **CITY GOVERNMENT OF TUGUEGARAO**.

WITNESSETH:

WHEREAS, ST PAUL UNIVERSITY PHILIPPINES has requested affiliation in the training of its students in the field of NURSING and CITY GOVERNMENT OF TUGUEGARAO has acceded to the request of the St. Paul University subject to the terms and conditions set forth hereunder;

NOW THEREFORE, for and in consideration of the foregoing premises and the terms and conditions hereunder provided, the parties hereto have agreed and bind themselves as follows:

SECTION 1. AFFILIATION

1.1. Subject to the terms and conditions set forth herein, **CITY GOVERNMENT OF TUGUEGARAO/CITY HEALTH OFFICE** hereby agrees and allows the students-affiliates of St. Paul University Philippines to be trained in the field of Nursing.

SECTION 2. ROLES AND RESPONSIBILITIES OF ST PAUL UNIVERSITY PHILIPPINES
The 1st Party shall assume responsibility of the following:

2.1 Design and implement the RLE program, including, but not limited to, preparation of the RLE teaching plan, RLE schedule, grading and evaluation of the RLE.

2.2 Designate its own qualified faculty with appropriate training and experience to plan, oversee, and evaluate the student's community/clinical practice activities.

2.3 Inform all students and faculty of their responsibilities under this agreement including their obligation to abide by the rules and regulation of the second party.

2.4 Provide the 2nd party with the schedule and number of student nurse affiliates at the beginning of the semester/summer term concerned.

2.5. Require student nurse affiliates to meet the health requirements of the 2nd party and submit evidences of this prior to start of affiliation.

2.6 Reserve the right for discipline any student or Clinical Instructor who fails to comply with policies and procedures of the affiliation agency.

2.7 Notify the 2nd Party of any changes in Clinical Instructor's assignment, schedule, and requirements that may affect the Clinical RLE Program.

2.8. Instruct the students to hold in confidence the information gathered about the patients and their treatment during patient care and shall not release any information without the patient's consent unless required to do so by law.

The program of **CITY GOVERNMENT OF TUGUEGARAO**, through **CITY HEALTH OFFICE** shall:

SECTION 3. ROLE AND RESPONSIBILITIES OF CITY GOVERNMENT OF TUGUEGARAO

3.1 Make available the space and facilities for community/clinical instruction, conferences, health care and nursing practice and other learning experiences appropriate for the successful completion of the RLE program and that are compatible with the mission of the University.

3.2 Designate an employee to serve as a focal person or field coordinator between the 1st Party and the 2nd Party.

3.3 Orient the faculty and students to the physical set up, rules, regulations, and activities of the facility.

3.4 Provide maximum opportunity for the student nurse affiliates to gain quality learning experience in the delivery of basic health and nursing care to the clients.

3.5 Retain full responsibility for the supervision and care of all patients.

3.6 Provide the University with all information requested concerning a students' community/clinical performance/requirements.

3.7 Protect the confidentiality of the student's records and shall not release any information without written consent from the students unless required to do so by law.

3.8 Charge an affiliation fee amounting to 20.00 pesos/8 hours/ student

SECTION 4: DURATION OF CONTRACT

This Agreement shall be a period of three (3) year commencing on **February 3, 2026- February 3, 2029.** Provided, that the same day may be revoked or terminated within the said period by any party upon violation of the terms and conditions stipulated herein and for non-compliance with the requirement of pertinent provision of existing rules and regulations of **CITY GOVERNMENT OF TUGUEGARAO.**

IN WITNESS WHEREOF, the parties hereto their respective representative have signed this Memorandum of Agreement this ____ day _____, _____ in the City of Tuguegarao, Philippines.

HON.MAYOR MAILA ROSARIO S. TING-QUE
Municipal Mayor

SISTER MERCEDITAS O. ANG, SPC
University President

DR. ROBIN R. ZINGAPAN
City Health Officer

DR. AGRIPINA B. MARIBBAY
Vice President of Academics

GENALIN L. TAGUIAM, MSN
Acting Dean, School of Nursing and Allied Health Sciences

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
TUGUEGARAO CITY) SS.

BEFORE ME, a Notary Public for and in the above jurisdiction, personally appeared following:

NAME	PROOF OF COMPETENT IDENTITY	DATE/PLACE ISSUED
SR. MERCEDITAS ANG, SPC		
DR. AGRIPINA B. MARIBBAY		
GENALIN L. TAGUIAM, MSN		
HON. MAYOR MAILA ROSARIO S. TING-QUE		
DR. ROBIN R. ZINGAPAN		

Known to me to be the same person who executed the foregoing instrument and acknowledged to me that the same is their own free will and voluntary act and need.

This instrument consists of 3 pages, including this acknowledgement page, and has been signed by the parties and their instrumental witnesses on each page thereof.

WITNESS MY HAND AND SEAL, this _____ day of _____, 20 __ at _____, Philippines.

_____
NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____