



**PPS Application as PPS-AHMOPI Participating Pediatrician [Form 1]**

(Date)

Joselyn A. Eusebio, MD  
President  
Philippine Pediatric Society, Inc.  
#52 Kalayaan Avenue, Diliman  
Quezon City  
Thru: Professional Health Care Committee

Dear Sir:

As the President of \_\_\_\_\_ / the Chair of \_\_\_\_\_ / the Head of  
(PPS Chapter) (Name of Hospital)  
\_\_\_\_\_/a PPS member,  
(NCR Cluster/Group of PPS members/Hospital)

I am forwarding to your Office

- this letter of application with the list of Chapter members  
 this letter of application with the list of PPS members affiliated with  
\_\_\_\_\_  
(Name of Hospital) PPS-HAB accredited   
not accredited

This is to certify further that I/we, whose name(s) appear herewith has/have read, understood and am/are in agreement with the provisions of the PPS-AHMOPI MOA. Understanding further that I/we are independent pediatrician-contractor(s) in this agreement, I/we render the Philippine Pediatric Society, Inc. and its Officers free of any legal responsibilities arising from/related to my/our engagement with AHMOPI partners and its clients. I/They hereby express willingness to participate in the PPS-AHMOPI partnership in healthcare delivery and thus affix my/our signature(s) hereunder.

Forwarded herewith is my/are the accomplished and signed AHMOPI application form(s) (in duplicates).

Respectfully yours,

\_\_\_\_\_  
(President/NCR Cluster Head/Chair/Member)

\_\_\_\_\_  
(PPS Chapter/NCR Cluster/Hospital/Group)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Contact Number)