PPS Application as PPS-PAHMOC Participating Pediatrician [Form 2]

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(PPS Chapter /NCR Cluster/Hospital)

List of PPS members who have read and understood the terms of the PPS-PAHMOC MOA and agreed to be participating pediatricians

Names of PPS Members (Family. Given, Middle)	PPS Status (Diplomate/Fellow)	PRC License No	TIN

Signature over Printed Name

(PPS Chapter President/Cluster Head/Department Chair)