



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

(Date)

FLORENTINA U. TY, MD  
President  
Philippine Pediatric Society, Inc.  
#52 Kalayaan Avenue, Diliman  
Quezon City  
Thru: Professional Health Care Committee

Dear Madam:

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/endorsement of listed Chapter members  
 this letter of application/endorsement of listed PPS members affiliated with  
\_\_\_\_\_ PPS-HAB accredited   
(Name of Hospital) not accredited

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

Forwarded herewith is my/are their respective 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)