



**APPLICATION FOR RECLASSIFICATION TO EMERITUS FELLOW**

Please read the General Information and Checklist of Requirements for the PPS Certifications, available at the PPS Website, before accomplishing this application form. This application form must be accompanied by supporting documents.

Fill in ALL blanks and boxes. TYPE or PRINT IN BLOCK LETTERS all responses. Type or Print "NA" if not applicable.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Status \_\_\_\_\_  
 (Surname) (First Name(s)) (Middle Name)

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ PRC ID Number: \_\_\_\_\_

Home Address \_\_\_\_\_ PhoneNo. \_\_\_\_\_

Office Address \_\_\_\_\_ PhoneNo. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email address: \_\_\_\_\_

Medical School Graduated \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**I. Post-Graduate Training and Experience**

\*Write Chief Resident if that was your position in your training insitution.

	Institution	Designation*	Date started mm/dd/yr	Date completed mm/dd/yr	Department Chair
A. Residency Taining (Local & Abroad)					
B. Subspecialty Training					
C. Postgraduate and Other Degrees					
D. Teaching Position					
E. Pediatric Practice					

**II. Age Requirement**

Are you at least sixty five (65) years old at the time of application?  
 Yes Please submit a copy of your Birth Certificate  
 No Please apply when you satyisfy the age requirement

**III. Duration as Fellow Requirement**

Are you a PPS Fellow in good standing for at least 20 years?  
 Yes Please submit a copy of your Certificate as Fellow  
 No Please apply when you satyisfy the requirement

**IV. Letters of Recommendation**

4.1. Two (2) PPS Fellows in good standing in the place of practice, OR  
 4.2. Chapter President if place of practice is outside NCR

I attest that the information provided is true and accurate to my best knowledge.

\_\_\_\_\_  
 Name and Signature of Applicant

\_\_\_\_\_  
 Date of Application

**\*IMPROPERLY FILLED-UP FORM SHALL NOT BE ACCEPTED**

**FOR THE SPECIALTY BOARD USE ONLY**

Date Received \_\_\_\_\_  
 Date of Deliberation \_\_\_\_\_

**Action Taken:**  Approved  Disapproved

Remarks \_\_\_\_\_

\_\_\_\_\_  
 SB Examiner

\_\_\_\_\_  
 SB Secretary

\_\_\_\_\_  
 SB Chair