



APPLICATION FOR RECLASSIFICATION TO FELLOW

Please read the General Information and Checklist of Requirements for the PPS Certifying Examinations, 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. Diplomate Certification. Must be a Diplomate for at least 10 years to be qualified without need for a Scientific Paper.

Date of Induction as PPS Diplomate _____

If at least 5 years but less than 10 years of active pediatric practice as Diplomate of good standing, will need to submit Scientific Paper(s), accomplished after certification as Diplomate, either published, presented or approved by PPS Research Forum.

II.A. Research Works, Papers, Publications or Thesis (use another sheet of paper, if needed)

Title/Author(s):	<input type="checkbox"/> Published <input type="checkbox"/> Unpublished	<input type="checkbox"/> Senior Author <input type="checkbox"/> Co-Author	Year Completed or Published
Title/Author(s):	<input type="checkbox"/> Published <input type="checkbox"/> Unpublished	<input type="checkbox"/> Senior Author <input type="checkbox"/> Co-Author	Year Completed or Published

III. Summary of CPD units earned - at least 25 CPD units earned per year in addition to PPS Annual Convention (from most recent three years, use extra sheets if necessary), unless exempted (see Checklist of Requirements).

Year	PPS Annual Convention	Number of Other CPD Units Earned

IV. Information on Previous Applications for Reclassification

Is this the first time you will apply for Reclassification to Fellow?

Yes No If you answered NO, PLEASE FILL UP THE DATES WHEN YOU APPLIED FOR RECLASSIFICATION

Date of First Application	Date of Second Application	Date of Third Application
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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