



**APPLICATION FOR ORAL EXAMINATION ONLY**

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 (choose one) [ ] Home OR [ ] Office Email address: \_\_\_\_\_ Mobile No. \_\_\_\_\_

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/Special Refresher course					
C. Postgraduate and Other Degrees					
D. Teaching Position					
E. Pediatric Practice					

**II. 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). Graduates of residency within the 12 months of application need not show CPD units earned.**

Year	PPS Annual Convention	Number of Other CPD Units Earned

**III. Information on Previously Taken Specialty Board Examination(s)**

Date of Examination		Status (Please Check)	
Written	Oral	Passed	Failed

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

\_\_\_\_\_  
 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