The Specialty Board
Philippine Pediatric Society, Inc.
52 Kalayaan Ave., Diliman Quezon City
Tel No. 926-67-58/59; Fax No. 926-23-81
Website: www.pps.org.ph; Email: ppsinc@pps.org.ph

PPS FORM 03

2x2
PHOTO

APPLICATION FOR WRITTEN AND ORAL EXAMINATIONS

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

Title/Author(s):	[ ] Published [ ] Unpublished	[ ] Senior Author [ ] Co-Author	Year Completed or Published
Title/Author(s):	[ ] Published [ ] Unpublished	[ ] Senior Author [ ] Co-Author	Year Completed or Published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 Previously Taken Specialty Board Examination(s)

Is this the first time you will take the Certifying Written Examination?
[ ] Yes [ ] No If you answered NO, PLEASE FILL UP THE DATES WHEN YOU TOOK THE WRITTEN EXAMINATION

Date of First Exam	Date of Second Exam	Date of Third Exam	Date of Fourth Exam

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

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Date Received _____ **Action Taken:** Written Portion [ ] Approved [ ] Disapproved
Date of Deliberation _____ **Action Taken:** Oral Portion [ ] Approved [ ] Disapproved
Remarks_____

_____ _____ _____
SB Examiner SB Secretary SB Chair

FOR THE SECRETARIAT ONLY Amount Paid: _____OR Number: _____Date:_____