

September 15, 2016

_____, MD
PPS National Treasurer / PPS Chapter Treasurer

ENDORSEMENT LETTER

I hereby certify that _____, MD
completed / will complete her pediatric residency training from our
institution on _____.

This certification is being issued as part of the requirements in order for
Dr. _____ to be issued a non-member's RFID card after
payment of the RFID card fee of **FIVE HUNDRED FIFTY PESOS** (Php
550.00). It is of our understanding that the RFID card will be ready for pick
up at the PPS main office in Quezon City or the PPS Chapter office where
she gave her payment one month prior to the 54th Annual Convention on
April 2-5, 2017.

Thank you.

Sincerely,

_____, MD, FPPS
Chair, Department of Pediatrics
Name of Accredited Hospital _____