

Philippine Pediatric Society, INC.
 Committee on Research Forums and Workshop (FORM CR-100)

Research paper is submitted for (Please check):

- Application for Diplomate
- Application for Fellow
- Inter-hospital Prospective Research Paper Contest for Pediatric Residents
- PPS Research Award, specify category (check below):
 - Categories are: Infectious Disease and Immunology
 - Community Pediatrics
 - Pediatric Residents
 - Basic Science
 - Non-Communicable Diseases
 - Young Researcher Award
- PPS Annual Convention Poster Contest (Abstract Only) – Please fill up items 1-8 only
- PPS Annual Convention Oral Presentation (Abstract Only) – Please fill up items 1-8 only

Instructions: Fill out completely. Do not leave any blanks as this may disqualify your paper. This form may be reproduced and submitted together with your paper. To fill out, you may PRINT or TYPE.

1. _____
 NAME OF APPLICANT (Surname, Given Name, Middle Name)

2. _____
 HOME ADDRESS

CONTACT NUMBER/S

3. Date of Submission (MM/DD/YEAR): _____

4. Title of Research Paper: _____

5. Complete names and signature of all authors in order of Authorship:

	NAME	SIGNATURE
1 ST	_____	_____
2 ND	_____	_____
3 RD	_____	_____
4 TH	_____	_____
5 TH	_____	_____
6 TH	_____	_____

6. Primary Hospital Affiliation: _____

7. Period when the study was done (Month/Year to Month/Year): _____

8. Classification of research (Please check all applicable):

- Ambulatory Pediatrics
- Allergy/Immunology
- Adolescent Medicine
- Cardiology
- Community Pediatrics
- Critical Care/Intensive Care
- Dermatology
- Developmental/Behavioral Pediatrics
- Endocrinology
- Gastroenterology/Nutrition
- Hematology
- Infectious Disease
- Nephrology
- Neonatology
- Neurology
- Oncology
- Pediatric Surgery
- Pulmonology
- Rheumatology
- Social Pediatrics
- Others _____

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9. Has this paper been published (Please check)? No Yes (Please answer below)
If published, state title of journal, year, volume, number and page numbers:

10. Has this paper been previously submitted to PPS as a requirement for Diplomate/Fellow?
 No Yes (please answer 10.1 and 10.2 below)

10.1 If previously submitted, when was it submitted? _____

10.2 Has this paper been revised? No Yes

11. Has this paper been presented in any scientific meeting? No Yes (Please answer below)

11.1 State scientific meeting/s paper was presented (*this will include PPS annual convention, PPS research award and contest and other specialty societies' convention locally and internationally*):

Scientific Meeting & Type of Participation (<i>e.g. poster, oral presentation</i>)	Date/Place of Scientific Meeting
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_____	_____
_____	_____

12. Has this paper won a prize? No Yes (Please answer below)

What contest and what prize? _____

Date/Place of contest? _____

13. Please check if all items are present in your research. Absence of any part will disqualify your research paper. Please refer to the 2016 Guidelines for Manuscript Preparation.

Title Page

Structured Abstract (not more than 500 words) with keywords

Introduction

Materials and Methods

Results

Discussion

Conclusion and Recommendations

References

Appendices (to include the letter of Ethics Approval by the Hospital Ethics Committee or its equivalent in your Department)

General Guidelines

Number of copies to be submitted:

- A. Application for Diplomate/Fellow – if unpublished submit 5 copies, if published submit 5 reprints or photocopies of the journal article
- B. Inter-hospital Prospective Research Paper Contest and PPS Research Award – submit 7 copies
- C. PPS Annual Convention Poster Contest/ Oral Presentation – submit 5 copies of abstract only

Deadline of submission: 1st Friday of June or 1st Friday of December for Item A above
2nd Friday of December for Items B and C above

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Submitted by: _____
Signature of Applicant

We certify that the research paper above has undergone Ethical and Technical Review by the Department's or Hospital's Research Committee:

Research Coordinator: _____
Signature over Printed Name

Training Officer: _____
Signature over Printed Name

Department Chairperson: _____
Signature over Printed Name