



**PPS-AHMOPI MOA**  
**PHYSICIAN'S APPLICATION AND INFORMATION SHEET**  
**(Please print, write legibly and complete this form in full)**

Annex "B"

I have read, understood and agreed to all the provisions of the PPS-AHMOPI MOA and wish to apply for inclusion therein. If approved, I understand that the Unified Service Agreement (USA) that shall be issued to the PPS for and in my behalf by the AHMOPI will automatically terminate on December 31, 2019.

**A. PERSONAL DATA:**

NAME : \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SURNAME \_\_\_\_\_  
BIRTHDATE : \_\_\_\_\_ GENDER \_\_\_\_\_ STATUS \_\_\_\_\_  
PREFERRED MAILING ADDRESS: HOSPITAL \_\_\_\_\_  
HOME \_\_\_\_\_  
EMAIL ADDRESS : \_\_\_\_\_ MOBILE NO/S. \_\_\_\_\_

**B. PROFESSIONAL DATA:**

SPECIALTY \_\_\_\_\_ [ ] DIPLOMATE [ ] FELLOW [ ] MEMBER  
SUBSPECIALTY \_\_\_\_\_ [ ] DIPLOMATE [ ] FELLOW [ ] MEMBER  
PRC NO. \_\_\_\_\_ PMA NO. \_\_\_\_\_  
PHIC MEMBER NO. \_\_\_\_\_ PHIC PROVIDER NO. \_\_\_\_\_  
TIN \_\_\_\_\_ BIR Registration: [ ] VAT Registered (Please, submit photocopy of VAT Registration Cert. [ ] Non-VAT

**C. CLINIC/HOSPITAL AFFILIATIONS (WITH REGULAR CLINIC SCHEDULES)**

CLINIC/HOSPITAL	ADDRESS	CLINIC SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**D. OTHER HOSPITAL AFFILIATION/S (VISITING)**

HOSPITAL	ADDRESS	SCHEDULE	CONTACT NOS.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**E. KINDLY ANSWER THE FOLLOWING:**

1. DO YOU WANT TO BE ACCREDITED FOR ALL YOUR HOSPITAL AFFILIATIONS? [ ] YES [ ] NO
2. IF NOT, WHAT HOSPITALS? DO YOU HAVE CLINIC IN THESE HOSPITALS?
  - a. \_\_\_\_\_ [ ] [ ]
  - b. \_\_\_\_\_ [ ] [ ]
  - c. \_\_\_\_\_ [ ] [ ]
  - d. \_\_\_\_\_ [ ] [ ]
  - e. \_\_\_\_\_ [ ] [ ]

NAME AND SIGNATURE OF PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPROVING OFFICER / DATE**

**REMARKS**

Carlos D. Da Silva  
Executive Director

Date: \_\_\_\_\_