



PPS Application as PPS-AHMOPI Participating Pediatrician [Form 1]

(Date)

Salvacion R. Gatchalian, MD
President
Philippine Pediatric Society, Inc.
#52 Kalayaan Avenue, Diliman
Quezon City
Thru: Professional Health Care Committee

Dear Ma'am:

As President of _____ / Chair of _____ / Head of _____
(PPS Chapter) (Name of Hospital)
_____ / a PPS member,
(Group of PPS members/Hospital/Area)

I am forwarding to your Office

- this letter of application with the list of Chapter members
 this letter of application with the list of PPS members affiliated with
_____ PPS-HAB accredited
(Name of Hospital) not accredited
 my letter of application.

This is to certify further that I/we, whose name(s) appear herewith has/have read, understood and am/are in agreement with the provisions of the PPS-AHMOPI MOA. Understanding further that I/we are independent pediatrician-contractor(s) in this agreement, I/we render the Philippine Pediatric Society, Inc. and its Officers free of any legal responsibilities arising from/related to my/our engagement with AHMOPI partners and its clients. I/They hereby express willingness to participate in the PPS-AHMOPI partnership in healthcare delivery and thus affix my/our signature(s) hereunder.

Forwarded herewith is my/are the accomplished and signed AHMOPI application form(s) (in duplicates).

Respectfully yours,

(President/Chair/Member)

(PPS Chapter/Hospital/Group)

(Address)

(Contact Number)

