

December 17, 2018

_____, 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 56th Annual Convention on
April 7-10, 2019.

Thank you.

Sincerely,

_____, MD, FPPS

Chair, Department of Pediatrics

Name of Accredited Hospital _____