

# FORM FOR THE ENDORSEMENT LETTER FOR NEW NON MEMBER RFID CARDS

Exclusive for those who completed Pediatric Residency or will graduate by May 31 of the CURRENT year.

Graduates should submit his/her Certificate of Residency along with this endorsement letter.  
For those who will graduate by May 31 of the CURRENT year,  
only this endorsement letter is required.

Example letterhead

Use your hospital letterhead



**PHILIPPINE PEDIATRIC SOCIETY, INC.**  
*A Specialty Division of PMA*

52 Kalayaan Avenue, Diliman, Quezon City, Philippines 1101  
Tel. Nos. 926-6758, 926-67-59 Fax No. (632) 926-2381  
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\_\_\_\_\_  
( Date )

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#### 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 \_\_\_ Annual Convention on April \_\_, \_\_\_\_\_.

Thank you.

Sincerely,

\_\_\_\_\_, MD, FPFS  
*Chair, Department of Pediatrics*  
*(Name of Accredited Hospital)*

