



**PPS Application as PPS-AHMOPI Participating Pediatrician [Form 2]** (revised March 2024)

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(PPS Chapter /NCR Cluster/Hospital)

List of PPS members who have read and understood the terms of the PPS-AHMOPI MOA, agreed to be participating pediatricians, and consented on the provisions on Data Privacy.

<b>Names of PPS Members (Family. Given, Middle)</b>	<b>PPS Status (Diplomate/Fellow)</b>	<b>PRC License No</b>	<b>TIN</b>

**Signature over Printed Name**

**(PPS Chapter President/Cluster Head/Department Chair)**