



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

(Date)

Cesar M. Ong, MD D

President

Philippine Pediatric Society, Inc.

#52 Kalayaan Avenue, Diliman

Quezon City

Thru: Professional Health Care Committee

Dear Sir;

As the President of _____/ the Chair of _____/ the Head of

(PPS Chapter)

(Name of Hospital)

_____ / a PPS member,

(NCR Cluster/Group of PPS members/Hospital)

I am forwarding to your Office

this letter of application/endorsement of listed Chapter members

this letter of application/endorsement of listed PPS members affiliated with

_____ PPS-HAB accredited

(Name of Hospital)

not accredited

This is to certify further that I/those, whose name(s) appear hereunder/in herewith attached list have read, understood and am/are in agreement with the provisions of the PPS-PAHMOC MOA. Understanding further that being independent pediatrician-contractor(s) in this agreement, the Philippine Pediatric Society, Inc. and its Officers are rendered free of any legal responsibilities arising from/related to my/their engagement with PAHMOC-member(s) and its clients. I/They hereby expressed willingness to participate in the PPS-PAHMOC partnership in healthcare delivery and thus affix my/their corresponding signature(s).

Forwarded herewith is my/are their respective accomplished and signed PAHMOC application form(s) (in duplicates).

Respectfully yours,

(President/NCR Cluster Head/Chair/Member)

(PPS Chapter/NCR Cluster/Hospital/Group)

(Address)

(Contact Number)