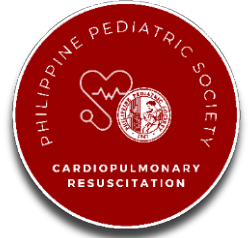




PHILIPPINE PEDIATRIC SOCIETY, INC.
A Specialty Division of PMA

52 Kalayaan Avenue, Diliman, Quezon City, Philippines 1101
Tel. Nos. 8926-6758, 8926-67-59

E-mail: ppsinc@pps.org.ph website: <http://www.pps.org.ph>



**PPS CPR MODULE Training Course
Application form**

Name of institution: _____

Email address of institution: _____

Department Chairman: _____

Email address of Dept. Chair: _____

Training Officer: _____

Email address of T.O.: _____

Proposed Course Details:

Date:

Time:

Location:

Number of participants:

Name of Lead Instructor:

Email address of Lead Instructor:

Name of other course instructors and email address:

1.

2.

Declaration:

I, the undersigned, hereby confirm that the information provided in this application form is accurate and complete. I understand to adhere to the guidelines and standards set forth by the PPS for conducting CPR courses.

Signature of Lead Instructor

Date of Application