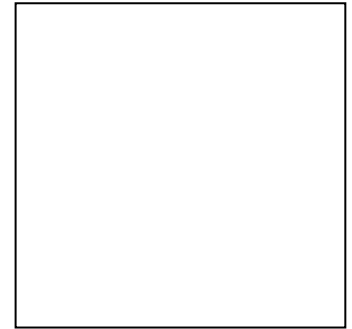




# PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY

Application Form for the Certifying Board Examination:



DATE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS (HOME) \_\_\_\_\_

(MAILING ADDRESS) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE PHONE NO. \_\_\_\_\_

PRC \_\_\_\_\_ DATE REGISTERED \_\_\_\_\_ PLACE OF PRACTICE \_\_\_\_\_

PMA NO. \_\_\_\_\_ LOCAL CHAPTER \_\_\_\_\_

MEDICAL SCHOOL \_\_\_\_\_ YEAR \_\_\_\_\_

RESIDENCY TRAINING INSTITUTION \_\_\_\_\_

DATE \_\_\_\_\_

SUB-SPECIALTY TRAINING INSTITUTION \_\_\_\_\_

DATE \_\_\_\_\_

ANY OTHER SUB-SPECIALTY TRAINING? \_\_\_\_\_ FPSMFM, include year:(Y/N) \_\_\_\_\_

TYPE OF TRAINING: FELLOWSHIP \_\_\_\_\_ PRECEPTORSHIP \_\_\_\_\_

OTHER SUB-SPECIALTY TRAINING INSTITUTION \_\_\_\_\_

PRESENTED OR PUBLISHED OB-GYN ULTRAOUND RESEARCH PAPER (TITLE) \_\_\_\_\_

DATE \_\_\_\_\_

JOURNALS OR BOOKS PUBLISHED \_\_\_\_\_ DATE \_\_\_\_\_

POGS STATUS (include Date): FELLOW \_\_\_\_\_ DIPLOMATE \_\_\_\_\_

DATE OF POGS EXAMINATION (include Date): WRITTEN \_\_\_\_\_ ORAL \_\_\_\_\_

MEMBER TO OTHER LOCAL AND INTERNATIONAL SOCIETY \_\_\_\_\_

LOCAL OR INTERNATIONAL CONVENTION ATTENDED FOR THE PAST 3 YEARS: \_\_\_\_\_

\_\_\_\_\_

ARE YOU CONNECTED WITH A TEACHING INSTITUTION? (Where?) \_\_\_\_\_

(If yes) NAME OF INSTITUTION \_\_\_\_\_ POSITION: \_\_\_\_\_

PERSONAL DATA:

BIRTHDAY \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

CIVIL STATUS \_\_\_\_\_

IF MARRIED, NAME OF SPOUSE \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

**PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY**

**Exam Slip (APPLICANT'S COPY)**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS (HOME) \_\_\_\_\_

(MAILING ADDRESS) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL : \_\_\_\_\_ MOBILE PHONE NO. \_\_\_\_\_

SUBSPECIALTY INTITUTION TRAINING : \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

For the Applicant: Please bring this form always on the day of the exam (written & practicals) No Exam Slip, No Exam.

**PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY**

**Exam Slip (SECRETARIAT'S COPY)**

NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS (HOME) \_\_\_\_\_

(MAILING ADDRESS) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

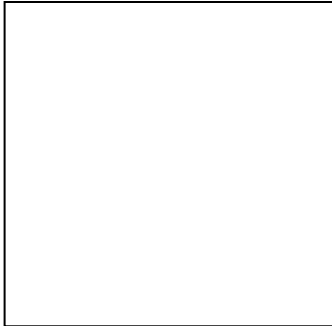
E-MAIL \_\_\_\_\_ MOBILE PHONE NO. \_\_\_\_\_

SUBSPECIALTY INTITUTION TRAINING \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

**PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY**

**Exam Slip (EXAMINER'S COPY)**



NAME \_\_\_\_\_

AGE \_\_\_\_\_

ADDRESS (HOME) \_\_\_\_\_

(MAILING ADDRESS) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE PHONE NO. \_\_\_\_\_

SUBSPECIALTY INTITUTION TRAINING \_\_\_\_\_

\_\_\_\_\_

**(Authorized Signature)**