



Philippine Society of Ultrasound in Obstetrics and Gynecology

G/F POGS Bldg. #56 Malakas Street, Diliman, Quezon City, Philippines, 1102
Telephone (632) 8928-5304 CP # 09178530712; 09328540985 Email: psuog.sec@gmail.com
www.psuog.org

REQUIREMENTS FOR THE 2021 PSUOG CERTIFYING BOARD EXAMINATION

- A. Submission of application starts **March 1, 2021** and the deadline is **June 30, 2021**.
- B. The requirements for the Certifying Board Examinations shall be reviewed by the PSUOG Board of Examiners.
The applicant shall be informed by electronic mail or through phone call if there are still requirements to be fulfilled.
The Secretariat will inform qualified applicants for certifying examination
- C. **Examination Dates:** Written Exam: **September 26, 2021**
Practical Exam: **October 23, 2021**
- D. **Examination Fees:** Written Exam: **PHP 7,000.00**
Practical Exam: **PHP 8,000.00**

REQUIREMENTS

1. Completely filled-up **application form**
2. **Three (3) 2 x 2 ID pictures** (most recent with white background) to be used in the application form, examination identification card, and PSUOG Directory.
3. **Photocopy** of the updated Professional Regulation Commission (**PRC**) License
4. **Letter of application** addressed to the Chair of the PSUOG Board of Examiners
5. **Certificate of Good Moral Character** from the Training Officer, Section Chief and Department Chair of the PSUOG accredited training institution
6. **Certificate of Good Standing** from POGS and Philippine Medical Association (PMA)
7. **Photocopy of the Certificate as Fellow or Diplomate of POGS**
8. **Photocopy of the Certificate of Fellowship Training**, attested by the Section Chief and Training Officer of the OB-GYN Ultrasound Section and the Medical Director of the training institution.
9. **Letters of endorsement** from three (3) Consultants/Trainers (minimum of 5 years in practice as sonologist) who are PSUOG members in good standing.
10. **Interesting Case Report and Research Paper**
 - a. Manuscript of the interesting case and research paper must bear a certification from the Section Chief that they were completed by the applicant during his/her training period.
 - b. Manuscripts of the interesting case and research paper must be attached to the submitted documents.
 - c. Manuscripts of the interesting case and research paper must be submitted in separate folders.
 - d. Manuscripts of the interesting case and research paper will be submitted to the Committee on Scientific Works as entries to the Interesting case and Research contest, **after** the examiner's review and acceptance of the applicant's requirements
 - e. **Format for the Interesting Case Report:**
 - Title page
 - Abstract
 - Introduction
 - Case History and Course of Illness Discussion
 - Tables and Pictures
 - Bibliography
11. A list of the required **1000 scans/patients** during the Fellowship Training must be submitted with the following requirements:
 - a. Certification by the Section Chief and Training Officer
 - b. Format in **PDF files**.
 - c. **Stored in a USB flash drive** with at least 2G of storage capacity as soft copy
12. Files to be included are **Table of Contents** and **Tabulation of Cases**
 - a. with 4 columns: **Date Scanned, Hospital ID #, Age, Impression Or Diagnosis**
 - b. with corresponding pagination for each case.
 - c. all the **ABNORMAL CASES** must be listed first, followed by the **NORMAL CASES** based on the dates of the scan in chronological order (from oldest to latest)



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13. Official reports of the submitted **1000 scans/patients** must be personally signed by the active trainers/consultants of the training institution. E-signatures of the active trainers/consultants will be accepted provided that a certification acknowledging the use of their e-signatures are submitted together with the cases signed.

a. All reports should always be accompanied by **pertinent clinical information** and **indication** for the scan.

b. ALL OB case reports, beginning **18 weeks age of gestation**, should include **fetal biometry** and **fetal anatomic survey**

14. The following **1000 scans/patients** are divided into 500 Obstetrics and 500 Gynecologic cases.

OBSTETRIC CASES	<u>500</u>	GYNECOLOGIC CASES	<u>500</u>
1st Trimester (TVS)	<u>100</u>	Normal	<u>130</u>
2nd/3rd Trimester (TAS)	<u>160</u>	Follicle Monitoring	<u>10</u>
Congenital anomaly scan	<u>30</u> With at least 5 Abnormal case	Uterine abnormalities with MUSA (eg. myomas, adenomyosis, uterine carcinoma; and at least 1 GTN or AV Malformation case)	<u>100</u>
Biophysical scoring (with fetal biometry)	<u>30</u> With at least 5 ABNORMAL cases	Adnexal masses Ovarian, benign and malignant lesions (with IOTA) PCOS Tubal/Tubo-ovarian (Paratuba I/ Paraovarian cysts maximum of 5 only)	<u>140</u> 100 20 20
Maternal/Fetal Doppler	<u>40</u> With at least 5 Abnormal cases		
3D/4D (with attached pictures and saved in USB flash drive with at least 2G storage capacity)	<u>10</u> with at least 2 abnormal cases	3D gyne - Mullerian anomalies (with attached pictures and saved in USB flash drive with at least 2G storage capacity)	<u>5</u> using ESHRE/ ESGE classification
Abnormal Pregnancy (ectopic, molar pregnancy, retained products of conception)	<u>50</u>	SISH / HSSG	<u>5</u> With at least 2 Abnormal cases
Placental Doppler with risk factor or indication	<u>30</u> With at least 1 Abnormal case	Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis, submucous myoma)	<u>100</u>
Cervical assessment	<u>50</u> With at least 5 Abnormal cases	Cervical lesions (polyps, myoma, other masses; and at least 1 carcinoma) excluding Nabothian cyst	<u>10</u>



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15. Submission of **18 representative ultrasound reports**

A. Obstetric Cases

1. First trimester
2. 2nd/ 3rd trimester
3. CAS (with abnormal findings)
4. BPS (with abnormal findings)
5. Molar pregnancy /Ectopic / Retained products of conception
6. Maternal/Fetal Doppler (with abnormal findings)
7. 3D/4D (with abnormal findings) with attached picture
8. Placental Doppler (with abnormal findings)
9. Cervical assessment (with abnormal findings)

B. Gynecologic Cases

1. Gynecologic scan with paratubal or paraovarian cyst
2. Follicle monitoring
3. Uterine abnormality: Adenomyosis / Myoma with MUSA
4. Ovarian mass, with IOTA
5. Tubal /Tuboovarian mass
6. Cervical CA or GTN or AV Malformation
7. 3D GYNE – Mullerian anomaly with ESHRE / ESGE classification
8. SISH / HSSG
9. Endometrial Pathology with IETA

C. Requirements:

1. All representative ultrasound reports should be personally signed by an active trainer/ consultant who is not be a member of the Board of Examiners.
2. E-signatures of the active trainers/consultants will be allowed provided that a certification acknowledging the use of their e-signatures is submitted together with the cases signed.
3. Submitted representative ultrasound reports should be arranged in the order of cases as enumerated above.
4. ALL reports must be softbound, with BLUE cover bearing the name of the examinee, to ensure that no documents are missing upon submission.
5. All reports must use A4 size, substance 20 white bond paper, in Arial font size 12 .
6. Attached images must be in high resolution, laser printed, and placed in a separate page from the report.
7. Letters and certifications signed by active trainers/ consultants must be included and must precede the representative reports.

16. . Failure to comply with **any** of the above requirements shall be the basis for non-acceptance of the application.

REQUIREMENTS FOR RE-TAKERS

A. Applicants taking the written exam for the 2nd or 3rd time

- a. Letter of intent to take the examination, addressed to the Chair of the Board of Examiners
- b. Submit a **new set of 18 representative ultrasound reports** from the previously submitted 1000 scans/patients
- c. Certification from the Section Chief that the procedures were performed by the Applicant



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B. Applicants taking the exam for the 4th time

- a. Letter of intent to take the exam, addressed to the Chair of the Board of Examiners.
- b. Certification of completion of the 3-month whole day refresher course from the accredited training institution where the course was taken.
- c. A list of the required 100 new scans / patients during the refresher course must be submitted with the following requirements:
 - c.1 Certification by the Section Chief of the accredited training institution who conducted the refresher course
 - c.2 With same format and storage as specified in # 11 b & c
 - c.3 Table of Contents as specified in # 12
 - c.4 For the signatures of the active consultants and other instructions, refer to #13 a-c
 - c.5 Submit 18 representative scans as specified in #15
 - c.6 Refer to #16 for non-compliance of the above requirements
- d. The following 100 scans/ patients are divided into 50 Obstetric cases and 50 Gynecologic cases:

OBSTETRIC CASES	50	GYNECOLOGIC CASES	50
1st Trimester (TVS)	<u>10</u>	Normal	<u>10</u>
2nd/3rd Trimester (TAS)	<u>10</u>	Follicle Monitoring	<u>2</u>
Congenital anomaly scan	<u>2</u> With at least 1 Abnormal case	Uterine abnormalities with MUSA (eg. myomas, adenomyosis, uterine carcinoma; and with at least 1 GTN or AV malformation)	<u>11</u>
Biophysical scoring (with fetal biometry)	<u>7</u> With at least 1 Abnormal case	Adnexal masses Ovarian, benign and malignant lesions (with IOTA) PCOS Tubal/Tubo-ovarian masses (1 paratubal /paraovarian cyst only)	<u>17</u> <u>12</u> <u>3</u> <u>2</u>
Maternal/Fetal Doppler	<u>2</u> With at least 1 abnormal case		
3D/4D (with attached pictures and saved in USB flash drive with at least 2G storage capacity)	<u>2</u> with at least 1 abnormal case	3D Gyne - Mullerian anomaly (with attached pictures and saved in USB flash drive with at least 2G storage capacity)	<u>1</u>
Abnormal Pregnancy (ectopic, molar pregnancy, retained products of conception)	<u>10</u>	SISH/HSSG	<u>2</u> With abnormal findings
Placental Doppler with risk factor or indication	<u>2</u> With at least 1 Abnormal case	Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis, submucous myoma)	<u>5</u>
Cervical assessment	<u>5</u> With at least 1 Abnormal case	Cervical lesions (1 benign case and 1 malignant case) excluding Nabothian cyst	<u>2</u>

- c. **APPLICANTS WHO SHALL RETAKE THE PRACTICAL OF EXAMINATION** need to submit a letter of intent addressed to the Chair of the Board of Examiners.



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REQUIREMENTS FOR APPLICANTS FROM OTHER SUBSPECIALTIES for 2021:

Maternal and Fetal Medicine Fellowship graduate

- a. Letter of intent to take the examination addressed to: The Chair , Board of Examiners, PSUOG
- b. Submit a certificate of MFM fellowship training and/ or Certificate of having taken the MFM subspecialty examination
- c. Undergo a 3-month gynecologic ultrasound course in any PSUOG- accredited training institution.
- d. Submit a certificate of the 3-month gynecologic ultrasound course from the Section Head of the PSUOG - accredited training institution.
- e. Submit the **1000 scans/ patients** required as specified in # 14 .
- f. Cases to be submitted must be done under the supervision of an active trainer/ consultant from the PSUOG accredited training institution.
- g. Submit **18 representative ultrasound reports** as specified in # 15.
- h. Submission of the Interesting Case and Research paper must be in relation to gynecologic cases and *exclusively* to PSUOG.

In Summary, The Contents Of The Documents To Be Submitted Are As Follows:

- 1) Filled-out application form with 3 ID pictures
- 2) Letter of intent addressed to the Chair of BOE, PSUOG
- 3) All certifications signed by the Section Head or active trainers/consultants.
- 4) Soft bound hard copy of the **18 representative ultrasound reports** with attached images; with name of the applicant on the BLUE cover page
- 5) one (1) copy of the manuscript of the Interesting case report in slide folder
- 6) one (1) copy of the manuscript of the Research paper in slide folder
- 7) one (1) USB with at least 2G of storage capacity containing the **1000 scans/ patients** for the regular takers; or **100 scans/ patients** for 4th time takers.
- 8) one (1) USB with at least 2G of storage capacity containing the images of the following cases:
 - a) 3D/4D OB ultrasound
 - b) 3D Gyne ultrasound- Mullerian anomaly

All letters are addressed to: **MARIBINA TECSON-LIM, MD, FPOGS, FPSUOG**
Chair, Board of Examiners 2021
Philippine Society of Ultrasound in Obstetrics and Gynecology

Reviewed and updated by the **PSUOG BOARD OF EXAMINERS 2021.**

Prepared by:

MARIBINA TECSON-LIM, MD
Chair, Board of Examiners

Approved by:

VERONICA M. DENIEGA, MD
President, Philippine Society of Ultrasound in Obstetrics and Gynecology