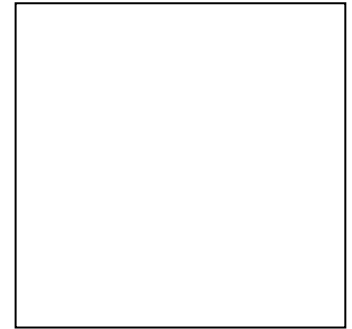




PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY

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. _____

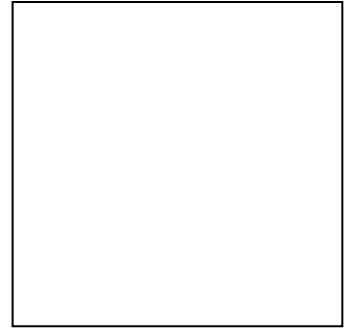
E-MAIL _____ MOBILE PHONE NO. _____

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)