



PHILIPPINE SOCIETY OF ULTRASOUND IN OBSTETRICS AND GYNECOLOGY

2025 REQUIREMENTS FOR THE CERTIFYING BOARD EXAMINATION

BASIC REQUIREMENTS FOR SUBMISSION

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/intent** addressed to the Chair of the PSUOG BOE
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 Certificate as Diplomate or Fellow of POGS** or Certifying letter of having passed Part II of the Philippine Board of Obstetrics and Gynecology (PBOG) recent Diplomate Board examination signed by the PBOG Secretary
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) Consultant Sonologist trainers (minimum of 5 years in practice as sonologist) who are PSUOG members in good standing. (excluding consultants who are currently BOE members)
10. **Interesting Case Report and Research Paper:**
 - a. Manuscripts must bear certification from the Section Chief that they were completed by the applicant during his/her training period.
 - b. Manuscripts must be attached to the submitted documents.
 - c. Manuscripts must be submitted in separate folders
 - d. Manuscripts 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 applicants' requirements.
 - e. Manuscripts must be in the prescribed format, anonymized and without identifiers.
 - f. Format for the interesting case report:
 - Title page
 - Abstract
 - Introduction
 - Case History and Course of Illness Discussion
 - Tables and Pictures
 - Bibliography
 - g. Format for the Research Paper:
 - Title page
 - Abstract
 - Introduction
 - Methodology
 - Results including tables and figures
 - Discussion
 - Conclusion and Recommendations
 - Bibliography



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REQUIREMENTS FOR THE LIST OF 1400 SCANS/PATIENTS DURING 2 YEAR FELLOWSHIP TRAINING

1. Certification by the Section Chief and Training Officer
2. Tabulation of 1400 cases (700 Obstetric and 700 Gynecologic cases) following the prescribed format set by the BOE:

Suggested Format for the Tabulation of OB Cases

	Date Scanned	Age	OB Score Pertinent Clinical History	Ultrasound Diagnosis	Supervising Consultant (Surname)
1.					

Suggested Format for the Tabulation of Gynecologic Cases

	Date Scanned	Age	OB Score Pertinent Clinical History	Ultrasound Diagnosis	Supervising Consultant (Surname)
1.					

Suggested Format for the Tabulation of Gynecologic Malignancy Cases

	Date Scanned	Age	OB Score Pertinent Clinical History	Ultrasound Diagnosis	Histopathologic Diagnosis	Supervising Consultant (Surname)
1.						



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All **ABNORMAL CASES** must be listed first, followed by **NORMAL CASES** based on the dates of the scan in chronological order (from oldest to latest).

E-signature will be accepted provided that a certification acknowledging the use of his/her e-signature is submitted together with the tabulation of cases. There is **NO** need to submit the official ultrasound reports of the tabulated cases.

All files should be in **PDF** and stored in a USB flash drive. It should contain 2 main folders properly labeled with separate folders for each corresponding category:

Tabulation of Cases – with separate folders for the OB and GYN cases

Representative Cases – with separate folders for the OB and GYN cases

Double entry of cases is not accepted. A patient should be listed **ONLY** under one category (procedure) and assigned to one fellow trainee at a single time, unless specified

* 1400 cases are required: (700 Obstetric and 700 Gynecologic Cases) with the following breakdown:

OBSTETRIC CASES	2025 Certifying Examination Case Competency Requirements 700
1st Trimester (TVS) / Basic 1 st trimester	130 Basic 1 st trim, including failed pregnancy, retained products of conception (RPOC), ectopic pregnancy <i>Must include at least</i> 11-14 weeks with NT - 10 ectopic pregnancies - 20
2nd/3rd Trimester (TAS)	430 2 nd /3 rd trimester scan <i>Must include at least:</i> BPS – 50 with at least 5 abnormal cases Cervical assessment- 30 indicated, with at least 5 abnormal cases Placental Doppler - 30 indicated, with at least 2 abnormal findings *(may be shared between two fellows, certified by consultant and with histopathologic report. Cases may also be obtained from the fellow's outside rotation.) *Histopathologic report from another hospital will still be ACCEPTED but with consent from the patient
Congenital anomaly scan	60 <i>Must include at least:</i> Targeted examinations of fetal CNS - 5



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	Targeted examinations of fetal heart - 5 Targeted examinations other than the heart and brain - 5
Maternal/Fetal Doppler	50 Must include at least 10 with abnormal findings
Multifetal pregnancy	10
3D/4D	20 Must include at least 2 abnormal cases
Elastography	10 (optional until 2026)
Intrapartum ultrasound	10 (optional until 2026)

GYNECOLOGIC CASES	2025 Certifying Examination Case Competency Requirements 700
Basic Gynecologic Scan (Normal Gynecologic findings, PCOM, physiologic cysts, IUD, menopause and follicle monitoring)	130 <i>Must include at least</i> Follicle monitoring – 10
Uterine abnormalities with MUSA (myoma, adenomyosis, CS niche, including submucous myoma) -	148 <i>Must include at least</i> Myoma - 50 Adenomyosis - 50
Adnexal masses: Ovarian, benign and malignant lesions (with IOTA) Tubal/Tubo-ovarian (Paratubal/ Paraovarian cysts - maximum of 5 only)	160 <i>Must include at least</i> *Ovarian malignancy – 10 Tubal/Tubo-ovarian – 30 (Maximum of 5 paratubal & paraovarian cysts)
Endometrial pathology with IETA (endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis)	120 <i>Must include at least:</i> * 10 cases of endometrial malignancy
Cervical Lesions (Polyps, myoma, other masses, excluding Nabothian cysts)	30



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Deep infiltrating endometriosis	40 (with indication, but not necessarily requested; for example, TVS is requested but with findings of endometriotic cysts)
Gynecologic Malignancies includes assessment of lymph nodes and abdominal scan (<i>with histopathologic report</i>) Cervix Uterus/endometrium Ovaries/fallopian tube	25 <i>Must include at least:</i> Cervical Cancer – 5 Endometrial/Uterine Cancer – 10 Ovarian/Fallopian Tube Cancer - 10
GTD/GTN	2 , may be shared by 2 fellows, certified by consultant
3D gynelogic scan	25 , with at least: 5 Mullerian anomalies with ESHRE/ASRM/ESGE classification
SISH / HSSG	20 with at least 5 abnormal cases
Pelvic floor	10 (optional in the first 3 years)
Elastography	10 (optional until 2026)
Interventional Gynecologic Ultrasound procedures	10 (optional until 2026)

*Note: The cases of ovarian malignancy submitted under Ovarian Masses with IOTA classification and cases of endometrial malignancy under Endometrial Pathology with IETA description may or may not have histopathologic report and should be different from the cases submitted under Gynecologic Malignancies.



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Requirements for the 127 Representative Ultrasound Reports

1. All representative ultrasound reports in the original hospital template/format should be printed and personally signed by the Fellow and an active trainer/consultant who is not a member of the BOE.
2. E-signatures will not be allowed.
3. Hard copies of the official ultrasound reports of the representative cases must be submitted
4. Soft copies of the reports with attached images in PDF files must be stored in the same USB flash drive containing the tabulation of cases.
5. The reports with the images should be placed in separate folders for each corresponding category.
6. At least 2 ultrasound images in high resolution showing the representative pathology placed in a separate page from the report should be submitted. Only the name of the patient must be concealed. The date, time and name of the institution must be readable and clearly seen in the images. Only soft copies of the images in PDF files are required.
The date of the images should correspond to the date indicated in the official ultrasound report.
7. ALL representative ultrasound reports must be soft-bound, together with the basic requirements, with BLUE cover bearing the name of the examinee, to ensure no documents are lost upon submission.

Below is the list of the required **127 Representative Cases** (57 Obstetric and 70 Gynecologic cases):

Obstetric Cases

Categories	57 Representative Cases
1st Trimester (TVS) / Basic 1 st trimester	18 Normal 1 st trimester – 3 Abnormal pregnancy: 15 Ectopic pregnancy – 3 12 of the cases below: Anembryonic pregnancy Embryonic demise Fetal demise Retained Products of Conception
11- 14 week NT scans / Advanced 1 st trimester	3
2nd/3rd Trimester (TAS)	12 Normal 2 nd /3 rd trimester – 3 BPS – 3 with at least 2 abnormal cases Cervical assessment – 3 with at least 2 abnormal cases Placental Doppler - 3 with at least 2 abnormal cases with 5-6 high resolution images. It is optional to attach histopathology result.



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Congenital anomaly scan	9 Normal CAS - 3 CNS anomalies - 2 Cardiac anomalies - 2 Other anomalies -2
Maternal/Fetal Doppler	6 Normal Maternal/Fetal Dopplers - 3 With abnormal findings – 3
Multifetal pregnancy	4 1 st trimester – 1 2 nd trimester – 1 3 rd trimester – 1 With abnormal findings - 1
3D/4D	5 Normal - 3 Abnormal cases - 2
Elastography	Optional until 2026
Intrapartum ultrasound	Optional until 2026

Gynecologic Cases

Categories	70 Representative Cases
Basic Gynecologic Scan	17 Normal - 3 PCOM - 3 Physiologic cyst - 3 IUD - 2 (1 in-situ and 1 displaced) Menopause - 3 Follicle monitoring - 3
Uterine abnormalities with MUSA	13 Adenomyosis - 5 Myoma - 5 (to include at least 2 submucous myoma) CS Niche - 3
Adnexal masses	16 Benign Ovarian masses with IOTA - 5 Malignant ovarian masses with IOTA - 5* Hydrosalpinx - 2 Pyosalpinx/ Hematosalpinx - 1 TOA/TOC - 1 Paratubal/para-ovarian cysts – 2



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Endometrial pathology with IETA	8 with IETA description Endometrial polyp – 3 Endometrial hyperplasia –3 Endometrial cancer – 2*
Deep infiltrating endometriosis	3
Gynecologic Malignancies including assessment of lymph nodes and abdominal scan (with histopathologic report)	3 with histopathology result: Cervical cancer -1 (if no histopathology result is available, submit 5-6 high resolution images) Endometrial/Uterine cancer - 1 Ovarian/ Fallopian tube cancer - 1
GTD/GTN	Hydatidiform mole - 1 GTN – 1 (May be shared by 2 fellows done on the same day or obtained from an outside rotation)
Cervical Lesions (Polyps, Myoma, other masses and at least 1 carcinoma) excluding nabothian cyst	1 Benign 1 Malignant (different from the cervical malignancy under gynecologic malignancy requirement)
3D GYN	3 Mullerian anomalies (using ESHRE/ASRM/ESGE classification) 2 IUD localization
SISH / HSSG	3 with at least 1 abnormal case
Pelvic floor	Optional until 2026
Elastography	Optional until 2026
Interventional Gynecologic Ultrasound procedures	Optional until 2026

*Note: The cases of ovarian malignancy submitted under Ovarian Masses with IOTA classification and cases of endometrial malignancy under Endometrial Pathology with IETA description may or may not have histopathologic report and should be different from the cases submitted under Gynecologic Malignancies.

Requirements for RETAKERS who are Graduates of the Two-year Training Curriculum

Applicants taking the written examination for the 2nd and 3rd time:

1. Letter of intent to take the examination addressed to the BOE Chair

Applicants taking the written examination for the 4th time and/or more than 3 years from graduation:

1. Letter of intent to take the examination addressed to the BOE Chair
2. Certification of completion of an 8-month whole day refresher course from a 3. PSUOG- accredited training institution where the course was taken.
3. Tabulation of 100 cases (50 Obstetric and 50 Gynecologic cases) done during the **refresher course**, following the format and guidelines.



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OBSTETRIC CASES	50
First Trimester Scans (<11 weeks AOG)	10 Must include at least: 2 ectopic pregnancies (varied types) and other early failed pregnancies
Advanced First Trimester Scans (11-14 weeks AOG)	4 Must include at least: 1 with abnormal NT 1 with other abnormal findings
Second and Third Trimester Scans	20 Must include: 5 BPS (2 with abnormal findings) 3 indicated cervical length assessment (1 with abnormal findings) 3 indicated placental Doppler studies (1 with abnormal findings)
Congenital anomaly scan	5 Must include at least: 1 with fetal structural anomalies (except heart and CNS); 1 case of screening and targeted examination of the fetal CNS; 1 case of screening and targeted examination of the fetal heart
Maternal and Fetal Doppler Velocimetry Scans (indicated)	5 Must include at least 2 with abnormal findings
Multifetal Pregnancy Scans	2
3D/4D Obstetric Scans	2 Must include 1 with abnormal findings
Intrapartum Ultrasound Cases	1 (optional until 2026)
Elastography	1 (optional until 2026)



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GYNECOLOGIC CASES	50
Uterine abnormalities with MUSA description (myoma, adenomyosis, CS niche, including submucous myoma)	10 Must include at least: 4 cases of myoma 4 cases of adenomyosis
Adnexal masses : Ovarian masses (with IOTA) Tubal/Tubo-ovarian (Paratubal/ Paraovarian cysts maximum of 5 2 only)	15 10 *Must include at least 5 cases of Ovarian Malignancy 5
Endometrial pathology with IETA description (Endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis)	10 *Must include at least 2 cases of Endometrial Malignancy
Deep Infiltrating Endometriosis (DIE)	4 SUPERVISED
Gynecologic Malignancies including assessment of lymph nodes and abdominal scan (with histopathologic report)	3 (with Histopathologic Report) Cervical Cancer – 1 (if no histopath result is available, submit 5-6 high resolution images) Endometrial Cancer – 1 Ovarian/Fallopian Tube Cancer - 1
GTD/GTN	1
SISH / HSSG	2 Must include at least 1 with abnormal findings
3D Gynecologic Scans	2 Must include at least 1 abnormality (using ESHRE/ASRM/ESGE classification) 1 other with abnormal finding
Pelvic Floor Ultrasound	1 with abnormal findings (optional until 2026) SUPERVISED
Elastography	1 (optional until 2026)
Interventional Gynecologic Ultrasound Procedures	1 (optional until 2026) ASSISTED



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*Note: The cases of ovarian malignancy submitted under Ovarian Masses with IOTA classification and cases of endometrial malignancy under Endometrial Pathology with IETA description may or may not have histopathologic report and should be different from the cases submitted under Gynecologic Malignancies.

Submit **26 ultrasound representative reports** done during the **8-month** refresher course, following the same guidelines

Obstetric Cases

1. First Trimester (<11 weeks)
2. First Trimester (11-14 weeks scan with abnormal NT)
3. CAS (with abnormal findings, to exclude cardiac and CNS pathology)
4. CNS scan (with abnormal findings)
5. Targeted Cardiac Scan (with abnormal findings)
6. BPS (with abnormal findings)
7. Ectopic pregnancy/Molar pregnancy/Retained products of conception
8. Maternal/Fetal Doppler (with abnormal findings)
9. 3D/4D (with abnormal findings) with attached pictures
10. Placental Doppler (with abnormal findings)
11. Cervical assessment (with abnormal findings)
12. Intrapartum ultrasound (with abnormal findings) *
13. Elastography (with abnormal findings)*

Gynecologic Cases

1. Gynecologic scan with benign ovarian masses (IOTA)
2. Uterine abnormality: Adenomyosis/Myoma with MUSA
3. SISH/HSSG
4. Ovarian cancer
5. Uterine cancer
6. Cervical cancer
7. Tubal /Tuboovarian mass
8. GTD / GTN / AV MAL
9. 3D GYNE – Mullerian anomaly with ESHRE /ASRM/ ESGE classification
10. Urogynecology and Pelvic Floor Ultrasound (with abnormality)
11. DIE Scan
12. Interventional Gynecologic Ultrasound*
13. Elastography (with abnormal findings)*
***optional until 2026**

Requirements for Graduates of the One-year Training Curriculum

1. Should undergo **additional 1 year** training to meet the requirements for the 2-year curriculum based on the PSUOG Amendments to the Transitory provisions
2. Letter of intent to take the examination addressed to the BOE Chair
3. Certificate of 1 year training at their respective training institution

Tabulation of 500 cases (250 Obstetric and 250 Gynecologic cases) done during the additional 1 - year training, following the format and guidelines.



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OBSTETRIC CASES	250
First Trimester Scans (<11 weeks AOG) (Basic first trimester scan, including failed pregnancy, ectopic pregnancy, and retained products of conception)	50 Must include at least: 10 ectopic pregnancies (varied types) and other early failed pregnancies
Advanced First Trimester Scans (11-14 weeks AOG)	30
Second and Third Trimester Scans	50 Must include at least: 20 BPS (with at least 5 abnormal findings) 15 indicated cervical length assessment (with at least 5 abnormal findings) 15 indicated placental Doppler studies (with at least 5 with abnormal finding)
Congenital anomaly scan	40 Must include at least: 5 with fetal structural anomalies (except heart and CNS); 5 cases of screening and targeted examination of the fetal CNS; 5 cases of screening and targeted examination of the fetal heart
Maternal and Fetal Doppler Velocimetry Scans (indicated)	40 Must include at least 10 with abnormal findings
Multifetal Pregnancy Scans	10
3D/4D Obstetric Scans	10 Must include at least 2 with abnormal findings
Intrapartum Ultrasound Cases	10 (Optional until 2026)
Elastography	10 (Optional until 2026)



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GYNECOLOGIC CASES	250
Uterine abnormalities with MUSA description	50 Must include at least 20 cases of myoma 20 cases of adenomyosis
Adnexal masses: Ovarian masses (with IOTA) Tubal/Tubo-ovarian (Paratubal/ Paraovarian cysts maximum of 5 only)	52 *Must include at least 10 cases of Ovarian Malignancy Must include at least 10 cases of Tubal/Tubo-ovarian Pathology
Endometrial pathology with IETA description (Endometrial polyps, hyperplastic changes, carcinoma, adhesions, endometritis)	40 *Must include at least 10 cases of Endometrial Malignancy
Deep Infiltrating Endometriosis (DIE)	40
Gynecologic Malignancies including assessment of lymph nodes and abdominal scan (with histopathologic report)	15 (with Histopathologic Report) Cervical Cancer – 5 (if histopathology result is not available, submit 5-6 high resolution images) Endometrial Cancer – 5 Ovarian/Fallopian Tube Cancer - 5
GTD/GTN	3 (may be shared by 2 fellows done on the same day or obtained from an outside rotation)
SISH/HSSG	10
3D Gynecologic Scans	10 Must include at least 5 Mullerian abnormalities (using ESHRE/ASRM/ ESGE classification) 5 other abnormal findings
Pelvic Floor Ultrasound	10 (Optional until 2026)
Elastography	10 (Optional until 2026)
Interventional Gynecologic Ultrasound Procedures	10 (Optional until 2026)

*Note: The cases of ovarian malignancy submitted under Ovarian Masses with IOTA classification and cases of endometrial malignancy under Endometrial Pathology with IETA description may or may not have histopathologic report and should be different from the cases submitted under Gynecologic Malignancies.



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Submit **26 ultrasound representative reports** done during the **additional 1 year** training, following the same guidelines.

Obstetric Cases

1. First Trimester (<11 weeks)
2. First Trimester (11-14 weeks scan)
3. CAS (with abnormal findings, to exclude cardiac and CNS pathology)
4. Targeted CNS scan (with abnormal findings)
5. Targeted Cardiac Scan (with abnormal findings)
6. BPS (with abnormal findings)
7. Ectopic pregnancy/Molar pregnancy/Retained products of conception
8. Maternal/Fetal Doppler (with abnormal findings)
9. 3D/4D (with abnormal findings) with attached pictures
10. Placental Doppler (with abnormal findings)
11. Cervical assessment (with abnormal findings)
12. Intrapartum ultrasound (with abnormal findings) *
13. Elastography (with abnormal findings)*

Gynecologic Cases

1. Gynecologic scan with benign ovarian masses (IOTA)
2. Uterine abnormality: Adenomyosis/Myoma with MUSA
3. SISH/HSSG
4. Ovarian cancer
5. Uterine cancer
6. Cervical cancer
7. Tubal /Tuboovarian mass
8. GTD / GTN / AV MAL
9. 3D GYNE – Mullerian anomaly with ESHRE / ESGE classification
10. Urogynecology and Pelvic Floor Ultrasound (with abnormality)
11. DIE Scan
12. Interventional Gynecologic Ultrasound*
13. Elastography (with abnormal findings)*
**optional until 2026*

For Institutions with a provisional accreditation status:

1. The first fellow graduate/s who took but did not pass the certifying examination may retake the examination that will be given for the following year. However, if they again fail, they will no longer be eligible for further attempts and will be recommended to repeat the two-year fellowship training.
2. The senior fellows who will complete their training and other requirements within the provisionary period will remain eligible to take the certifying examination of the next year, subject to the evaluation and approval by the BOE. However, they will only be given a **single attempt** to pass the exam, otherwise, they will be recommended to undergo another **one year of training** as a lateral entry in an accredited institution.



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Summary on the contents of the documents to be submitted in the same order

- a. Filled-out application form with 3 ID pictures
- b. Letter of Intent addressed to the PSUOG BOE Chair
- c. All certifications signed by the Section Head, Training Officer or active trainers/consultants
- d. Soft-bound hard copy of the 127 representative ultrasound reports together with the basic requirements (as indicated in Section VIII-B), with BLUE cover bearing the name of the examinee.
- e. One (1) copy of the manuscript of the Interesting Case report in slide folder
- f. One (1) copy of the manuscript of the Research paper in slide folder
- g. One (1) USB containing the Tabulation of Cases and PDF files of the Representative Ultrasound Reports with attached Ultrasound Images

CERTIFIED CORRECT:

AILEEN A. LOPEZ, MD

Chair, Board of Examiners

Philippine Society of Ultrasound in Obstetrics and Gynecology

NOTED BY:

MARIA CRISTINA C. FRANADA, MD

President

Philippine Society of Ultrasound in Obstetrics and Gynecology