

Philippine Society of General Surgeons, Inc.
2/F PCS Building, 992 EDSA Quezon City
Contact Number: (02) 926-8432; 456-8411
Mobile Number: +63-918-908-1795

REQUIREMENTS FOR FELLOWSHIP

1. Letter of Application
2. Completely filled up application form
3. Certified true copy of Medical School Diploma
4. Certified true copy of Medical Board Certificate
5. Certified true copy of Certificate of Residency in an accredited General Surgery training program. The applicant must have spent the entire duration of his prescribed period of training in an accredited training program/s.
6. Certified true copy/ies of Certificate/s of Surgical Postgraduate Course/s or its equivalent CSE activities attended during the past two (2) years.
7. Certified true copy of the Philippine Board of Surgery Certificate
8. Three 2x2 pictures (colored with white background: formal attire)
9. Processing fee of the amount set by the Board of Directors (non refundable)
10. Letters of recommendation from two (2) fellows in good standing from the chapter that the applicant wishes to join attesting to good moral character and high ethical and professional standing in the community.
11. A letter from the Hospital Director or Chairman of the Department of Surgery, attesting to the fact that the applicant has been in active practice in General Surgery for two (2) years following completion of residency upon application.
12. List of cases, major and medium, performed the year preceding his application.
13. There must be two (2) copies of all requirements submitted; one (1) copy for the National Office and another copy for the chapter.
14. Notarized signed waiver

Deadline: March 31

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MEMBERSHIP APPLICATION

Name: _____ Status: _____
Date of Birth: _____ Sex: _____
Home Address: _____
Telephone Number: _____
Email Address: _____
Cellphone Number: _____

Office Address: _____
Telephone Number: _____

EDUCATION

Medical School: _____ Year: _____
Residency Training: _____ Year: _____
Fellowship Training: _____ Year: _____

LICENSURE:

Medical License No.: _____ Year: _____
Specialty Board: _____ Year: _____
PCS Fellowship No.: _____ Year: _____

HOSPITAL AFFILIATIONS:

ACADEMIC APPOINTMENTS:

REFERENCES:

1. _____ 2. _____
3. _____ 4. _____

PRIOR CONVICTION OR PENDING CRIMINAL, CIVIL OR ADMINISTRATIVE CASES:

DECLARATION:

The information provided in this application is complete and true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

WAIVER and QUIT CLAIM

I, _____, M.D., of legal age, Filipino and with residential address at _____ hereby declare as follows:

1. That I have freely applied for membership in the Philippine Society of General Surgeons and paid the required application fee:
2. That I have willingly submitted my application for evaluation by the Board of Directors of the Philippine Society of General Surgeons based on the criteria or standard set forth by it pertaining to qualifications and moral and ethical considerations.
3. That I do not have a prior conviction or pending criminal, civil, or administrative cases that might compromise my application for membership.
4. That I agree to respect and abide by the decision of the Board of Directors of the Philippine Society of General Surgeons and hereby waive and quit any claim against them in regard their decision.

Applicant's Signature over Printed Name

Date _____

SUBSCRIBED AND SWORN to before me this _____ at _____, Affiant exhibiting to me his Community Tax Certificate No. _____ issued on _____, at _____.

Notary Public