



PHILIPPINE COLLEGE OF SURGEONS

PCS Building, 992 EDSA, Quezon City
Tels. Nos. 927-4973/74 • 928-1083 • 929-2359
Fax No. 929-2297 • E-mail: pcs@pcs.org.ph • Website: www.pcs.org.ph

“A SPECIALTY DIVISION OF THE PHILIPPINE MEDICAL ASSOCIATION”

REQUIREMENTS FOR FELLOWSHIP

1. Application Form (Properly filled up).
2. Certified true copy of Medical School Diploma.
3. Certified true copy of Medical Board Certificate.
4. Certified true copy of Certificates of Residency, Post-Residency Training and Remedial Course(s).
5. Certified true copy of Specialty Board Certificate **recognized by the College.**
6. Certification of membership in Good Standing in the Philippine Medical Association (PMA).
7. Letters of recommendation from two (2) fellows in good standing attesting to good moral character and high ethical and professional standing in community.
8. A letter from the Hospital Director or Chairman of the Department of Surgery and/or Chief of corresponding specialty, attesting to the fact that he/she has been in active surgical practice of his/her chosen specialty for two (2) years following completion of residency or Fellowship in a subspecialty **UPON APPLICATION.**
9. Letter of endorsement from the Chapter in their area of practice.
10. Letter of endorsement from the specialty society recognized by the PCS where such society exists.
11. Three (3) 2 x 2 picture (colored with white background; formal).
12. Interview of the applicants as deemed necessary by the committee.

Deadline: April 30



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APPLICATION FOR FELLOWSHIP

NAME: _____ DATE & PLACE OF BIRTH: _____

SURGICAL SPECIALTY (one only): _____ EMAIL ADDRESS: _____

OFFICE ADDRESS (Complete): _____ TEL NO: _____

HOME ADDRESS (Complete): _____ TEL. NO: _____

MEDICAL SCHOOL: _____ YEAR: _____

INTERSHIP: _____ YEAR: _____

PHIL. MEDICAL BOARD CERTIFICATE NO.: _____ DATE: _____ CELL NO: _____

FOREIGN MEDICAL BOARDS: _____ DATE: _____

PHIL. SPECIALTY BOARD: _____ DATE: _____

RESIDENCIES OR FELLOWSHIPS: (Date, Hospital, Position)

*SUB-SPECIALTY (Date, Hospital, Position)

ASSISTANTSHIP OR PRECEPTORSHIP: (Date, Preceptor, Specialty, Place)

POSTGRADUATE COURSES: (Date, Place, Subject)

ACADEMIC APPOINTMENTS:

HOSPITAL APPOINTMENTS:

GENERAL PRACTICE EXPERIENCE:

MEDICAL SOCIETY MEMBERSHIP:

PAPERS PUBLISHED:

Are you involved in any civil, criminal or administrative court cases here or abroad? If yes, please specify

REFERENCES: (PCS Fellows only)

1. _____ 3. _____

2. _____ 4. _____

I hereby attest to the truthfulness of all the information contained in this application. I acknowledge that any false statement or misrepresentation made herein shall be sufficient cause for the forfeiture of my application fee and will only allowed to re-apply for PCS Fellowship after two (2) years.

Date: _____ Signature: _____

INSTRUCTIONS: Please return this completed form to the PCS together with certified copies of all diplomas and certificates, and other requirements, three passport pictures and an application fee of PhP 2,000.00 not later than April 30, 2010. Use additional sheets if necessary.



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WAIVER

I, _____ hereby declare that this application for Fellowship with the Philippine College of Surgeons (PCS) dated _____, has not been solicited by the PCS, that no assurances for favorable action has been given to me in any form whatsoever and I hereby expressly waive permanently and absolutely any right for damages, loss, reimbursement or any other claim arising out of or in connection with the processing or evaluation, whether favorable or not, of this application without prejudice to any requesting for re-evaluation or reconsideration, which shall likewise carry this waiver.

(Signature of applicant)

(Date)

/eden