

**PHILIPPINE COLLEGE OF PHYSICIANS
DOCUMENTATION REQUIREMENTS FOR
APPLICATION FOR MEMBERSHIP AS FELLOW**

C H E C K L I S T

To be submitted not later than March 15 (Items 1 - 11)

- 1. Certificate of Medical Residency Training (photocopy)
- 2. Certificate of PCP Affiliate Membership (photocopy)
- 3. Certificate of PCP Diplomate in Internal Medicine (photocopy)
- 4. Certificate of Subspecialty Fellowship Training (photocopy)
- 5. Letter of Endorsement from Three PCP Fellows
(Department Chairman or Chief of Subspecialty Section)
Write names and signature of endorsing Fellows (page 4) and submit separate
duly signed endorsement letters
 - 1.
 - 2.
 - 3.
- 6. Two copies of passport-sized picture
- 7. Photocopies of Certificate of Attendance or any proof of Participation to Scientific Meetings (PCP or other medical organizations) accredited with PCP CME units attended after induction as Diplomate (Full Members). Approximately two consecutive years prior to application as Fellows: **250 PCP CME units per fiscal year (June 1 to May 30)**
- 8. Payment of Dues
- 9. Submission of completed Application Form verified by PCP Secretariat
- 10. Photocopies of abstracts and/or reprints of scientific works done after graduating from residency training
- 11. Letter of Application

THE FOLLOWING ARE FOR PCP INTERNAL USE ONLY :

- 12. Favorable recommendation of the Membership and Credentials Committee to the Board of Regents after data verification and circulation of list of applicants to the general membership.
- 13. Approval of the Membership and Credentials Committee's recommendation by the Board of Regents.
- 14. Induction during Annual Convention on _____

The Secretariat : Philippine College of Physicians, 22 nd Floor, One San Miguel Avenue Building
San Miguel Avenue corner Shaw Boulevard, Ortigas Centre, Pasig City 1605
Tel. nos: 910-2250, 910-2252 to 54 Fax no. 910-2251
pcp website: www.pcp.org.ph E-mail address: secretariat@pcp.org.ph

Application Form for Membership as Fellow

Member's Profile Form 1

Philippine College of Physicians

22nd Floor, One San Miguel Avenue Bldg. San Miguel Ave. cor. Shaw Blvd.
Ortigas Center, Pasig City 1605

Tel. No. 910-2250/910-2252 to 54 Fax No. 910-2251

pcp website: www.pcp.org.ph

E-mail address: secretariat@pcp.org.ph

NAME

First name	Middle / Maiden name	Last name
------------	----------------------	-----------

BIODATA

Birth Place	Birth Date	Sex
--------------------	-------------------	------------

Municipality	Province	Month	Day	Year	Male	Female
--------------	----------	-------	-----	------	------	--------

Mailing Address					
Tel. No(s)	Cel. No(s) :				
Fax No.(s)	E-mail address :				

Spouse	First name	Middle / Maiden name	Last name
---------------	------------	----------------------	-----------

EDUCATION

	Institution	Honors	Year
Pre-Med			
M.D.			
Internship			

Residency in I.M. (Please attach Diploma or Certificate of Completion)

Level	Institution	Honors	Year

Fellowship / Subspecialty (Please attach Diploma or Certificate of Completion)

Training in	Institution	Honors	Year

Doctorate (Please attach Diploma or Certificate of Completion)

Level	Institution	Honors	Year

Year / Date Licensed _____

PRC Number _____ PMA Number _____

PCP Membership Classification _____

Current Field of Practice _____

ACADEMIC POSITION

Professor, Assistant Professor, Others (specify)

Complete Name of Institution(s) Address	Current Position/Rank	From Month and Year	To Month and Year

HOSPITAL AFFILIATION

Consultancy : Active, Non-Active, Visiting, Others (specify)

Administrative : Chairman, Training Officer, Others (specify)

Complete Name of Hospital(s) Address	Current Position/Rank	From Month and Year	To Month and Year

Clinic Address(es)

Tel. No. , Pager No., Fax No.

OTHER PROFESSIONAL AFFILIATIONS

Name of Society / Organization	Membership Position	From	To

SCIENTIFIC PAPERS AUTHORED AND/OR CO-AUTHORED(Reprints or completed manuscripts must be submitted)**Published**

Title(s)	Author(s)	Publication (Journal, Vol. No., Pages Month and Year)

Unpublished

Title(s)	Author(s)	Date Completed

PCP RELATED ACTIVITIES

A. Date Inducted as Affiliate Member _____

B. Date Inducted as Diplomate in I.M. _____

C. Participation in Scientific Activities (as Attendee, Speaker/Lecturer, Case Discussant, Case Moderator, Presentor in Convention Free Communication Sessions, etc.) of the PCP or other Medical Organizations.

Activities	Nature of Participation	Date (Month, Day & Year)

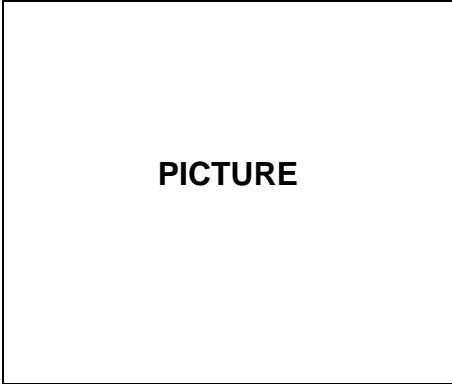
CIVIC ACTIVITIES (During last two years)

Activities	Nature of Participation	Date (Month, Day & Year)

SIGNATURE OF THREE (3) PCP FELLOWS / ENDORSERS (WITH ACCOMPANYING LETTERS – ITEM NO. 5)

	NAME	SIGNATURE	DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I am applying for Fellow status on a voluntary basis and I pledge to abide by the decisions of the PCP, as a purely private self-limiting organization on all matters related to this application, pursuant to the By-Laws, rules and regulations and policies of PCP. I further waive and/or quitclaim all rights, demands, or causes of action, past, present or future against PCP, its Board of Regents or any Board or individual member thereof in connection with, directly or indirectly, this application.



I hereby certify that the above information are true and correct. I understand the data may be independently verified by members of the Membership and Credentials Committee.

SIGNATURE OF APPLICANT

NOTE : *We would like to keep in constant communication with you and would therefore appreciate you providing us with your current mailing address and informing us of any change thereof when this happens. This information will greatly help us update your membership information not only for mailing purposes but for the regular membership directory published by the College every two (2) years.*

Date Application Submitted : _____

Received by : _____