



**POSTGRADUATE STUDIES**

**RESIDENCY IN INTERNAL MEDICINE**

INSTITUTION	DATE (Month & Year)
_____	_____
_____	_____
_____	_____

SUBSPECIALTY FELLOWSHIP IN \_\_\_\_\_  
INSTITUTION \_\_\_\_\_  
YEAR STARTED \_\_\_\_\_ YEAR FINISHED \_\_\_\_\_

**PUBLICATION**  
*(USE ADDITIONAL SHEET IF NEEDED)*

TITLE OF RESEARCH DONE : IF PUBLISHED, INDICATE NAME OF JOURNAL, VOLUME NUMBER, PAGES, YEAR OF ISSUE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL ACTIVITY**

AFFILIATION / CONNECTION	COLLEGE / HOSPITAL	DATE (MONTH & YEAR)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIREMENTS

SUPPORTING DOCUMENTS (XEROX COPIES)

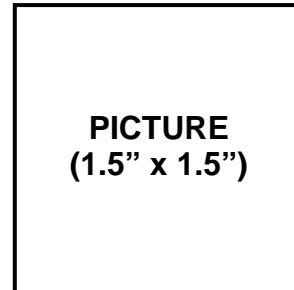
PLEASE CHECK  
GIVEN NOT GIVEN

- 1. MEDICAL SCHOOL DIPLOMA
- 2. CERTIFICATE OF INTERNSHIP
- 3. CERTIFICATE OF MEDICAL RESIDENCY  
(A certification of completion of one year Residency Training, duly signed by the Department Chairman may temporarily take the place of the CERTIFICATE)
- 4. CERTIFICATE OF FELLOWSHIP

ENDORSEMENTS OF TWO (2) PCP FELLOWS :

- 1. NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_
- 2. NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*I am applying for Affiliate Member 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 individual member thereof in connection with, directly or indirectly, this application.*



\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE OF APPLICATION

PRC NUMBER \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

PMA NUMBER \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

**NOTE : DEADLINE FOR SUBMISSION OF APPLICATION**  
MARCH 15 - FOR INDUCTION DURING THE ANNUAL CONVENTION  
JULY 30 - FOR INDUCTION DURING MIDYEAR CONVENTION  
P1,500.00 - APPLICATION FEE

Date of Application Submitted : \_\_\_\_\_ Received by : \_\_\_\_\_