

PHILIPPINE PEDIATRIC SOCIETY, INC.
Committee on Research (FORM CR – 100)
 =====

INSTRUCTIONS: Fill-up completely, don't leave any blanks as this may disqualify your paper. This form may be reproduced and submitted together with your papers. **PRINT OR TYPE.**

1. _____
 NAME OF APPLICANT

2. _____
 ADDRESS

_____ TELEPHONE NUMBER _____ CELLPHONE NUMBER

3. TITLE OF RESEARCH PAPER: _____

4. Complete names and signature of all authors in order of Authorship:

	NAME	SIGNATURE
1 st	_____	_____
2 nd	_____	_____
3 rd	_____	_____
4 th	_____	_____

5. Institution where and when study was done: _____

6. Classification of research:

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulatory Pediatrics | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Allergy/ Immunology | <input type="checkbox"/> Gastroenterology/Nutrition | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Hematology | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pediatric Surgery |
| <input type="checkbox"/> Community Pediatrics | <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Rheumatology |
| | | <input type="checkbox"/> Social Pediatrics |

7. Has this paper published? Yes No; If published, state title of journal/year/volume, page

8. Date of submission Month Date Year

8.1 Has this paper been previously submitted to PPS? Yes No

8.2 Been revised? Yes No

8.3 Won a prize? Yes No What contest? _____
 Remarks _____

8.4 Presented in any scientific meeting Yes No; if yes, what meeting & when _____

9. Research Paper is being submitted for

Application for diplomate/ fellow

Interhospital Case Report Contests

Interhospital Prospective Research Paper Contests

Research Awards Contests: Specify Category _____

10.

11. Please check if all items are present in your research; absence of any one will disqualify your research paper:

Structured Abstract (not more than 325)

Introduction

Materials & Methods

Results

Discussion

Conclusion / Recommendation

Bibliography

Submitted by: _____
 Signature of Applicant

Noted by: _____

Chair, Dept. of Pediatrics Training Officer Research Coordinator