



The Specialty Board
Philippine Pediatric Society, Inc.
 32 Misamis St., Bago Bantay, Quezon City
 Tel No. 926-6758/59; Fax No. 926-2381
 Website: www.pps.org.ph; Email: ppsinc@pps.org.ph

NameSEX.....STATUS.....
 (SURNAME) (FIRST) (MIDDLE)
 BIRTHPLACE.....DATE OF BIRTH.....
 HOME ADDRESS.....PHONE.....
CELLPHONE NO.....
 OFFICE ADDRESS.....PHONE.....Fax.....
 MAILING ADDRESS.....EMAIL.....
 MEDICAL SCHOOL GRADUATED.....YEAR.....

I. Post-Graduate Training and Experience

	Institution	Designation	Date Started mm/dd/yy	Date Completed mm/dd/yy	Department Chair
A. Residency Training (Local & Abroad)					
B. Subspecialty / Special Refresher Course					
C. Teaching Position					
C. Private Practice (% of Pediatric Practice, Month & Year started)					

II. Research Works, Papers, Publications or Theses

	Published	Unpublished
Title:	[] Senior Author	[] Senior Author
	[] Co-author	[] Co-author
Author/s:		
Title:	[] Senior Author	[] Senior Author
	[] Co-author	[] Co-author
Author/s:		
Title:	[] Senior Author	[] Senior Author
	[] Co-author	[] Co-author
Author/s:		

III. Information on Specialty Board Examination

Date of Examination		Status (Please Check)	
Written	Oral	Passed	Failed

Signature of Applicant

*** IMPROPERLY FILLED-UP FORM SHALL NOT BE ACCEPTED. SUBMIT WITH EITHER PPS FORMS 04 | 05 | 04-R | 05-R**

FOR THE SPECIALTY BOARD USE ONLY

Date of Submission _____

Action Taken: [] Approved / [] Disapproved

Date of Deliberation _____

[] WRITTEN EXAM
[] ORAL EXAM

Remarks _____

Secretary, PPS Specialty Board

PPS Examiner

Chairman, PPS Specialty Board