PPS FORM 02
(Fellow, Emeritus Fellow, Affiliate Fellow)

The Specialty Board
Philippine Pediatric Society, Inc.
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2x2
PHOTO

Name ……..……SEX……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 MO/DAY/YR	Date Completed MO/DAY/YR	Department Chair
A. Residency Training (Local & Abroad)					
B .Subspecialty / Masteral 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	Published	Unpublished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. Date of Induction as Diplomate:

_____
Signature of Applicant

*** IMPROPERLY FILLED-UP FORM SHALL NOT BE ACCEPTED. SUBMIT WITH EITHER FORMS 06 | 07 | 08**

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Date of Submission _____

Action Taken: [ ] Approved / [ ] Disapproved

Date of Deliberation_____

[ ] Fellow
[ ] Emeritus Fellow
[ ] Affiliate Fellow

Remarks_____

_____
PPS Examiner

_____
Secretary, PPS Specialty Board

_____
Chairman, PPS Specialty Board

Revised June 2007