



PHILIPPINE PEDIATRIC SOCIETY, INC.
Specialty Board Checklist
Application for Retake Oral Examination (Part II)

Name of Applicant (*PLEASE PRINT*)

(Surname)	(First)	(Middle)

Address		
Hospital (<i>Residency Training</i>)		
Completed Date of Residency Training		
Contact Numbers: Home:	Office:	Mobile Phone:

RETAKE ORAL EXAM: 1st 2nd 3rd

General Requirements: (*Must present the original copies of certificates*)

- Date(s) of previous oral exam(s) _____
- Letter of intent to retake oral exam
- Application form duly accomplished (*Please check entries before submission*)
- Letter of recommendation from department chair and or regional chapter president
- Two (2) letters of recommendation from two (2) Fellows of PPS in good standing attesting to good moral and professional conduct
- Certificates of Attendance, minimum of 25 CPE units/year (*from the time of previous exam*) in addition to PPS Annual Convention
- Three (3) copies of 2x2 colored picture
- Examination fee upon submission of application form (*non – refundable*)

Failures:

- Applicants with three (3) failures in oral exams shall be required to take the written exam (Part 1)

Note: Submit together with application for (PPS FORM 01) on or before February 28 / September 28