



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

Name of Applicant (*PLEASE PRINT*)

(Surname)	(First)	(Middle)

Address

Hospital (*Residency Training*)

Completed Date of Residency Training

Contact Numbers: Home:	Office:	Mobile Phone:
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PART II:

ORAL EXAMINATION: Those eligible to take Part II

- Two (2) years of pediatric private practice
- Chief residency in Phase I, II, III institution or equivalent
- With subspecialty residency fellowship training
- Diplomates of American Board of Pediatrics or its equivalent with corresponding certificate, are exempted to take the written examination and need to pass oral examination*

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

- Must pass the written examination (*date*) _____
- Letter of intent to take the oral examination
- Updated application form
- Updated PALS
- Two (2) 2x2 colored recent photos within the last six months
- New Certificates of Attendance, minimum of 25 CPE units/year (*from the time of previous exam*)
- Examination fee upon submission of application form (*non – refundable*)

Submit letters of recommendation as follows:

<p>1. From NCR</p> <p>A. With hospital base</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dept chair attesting to staff membership and good moral and professional conduct <input type="checkbox"/> 2 fellows in good standing within the area of practice <p>B. Without hospital base</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 fellows of good standing within the area of practice attesting to location of practice, good moral and professional conduct 	<p>1. From Chapter</p> <p>A. With hospital base</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regional chapter president attesting to location of practice <input type="checkbox"/> Dept chair attesting to staff membership and good moral and professional conduct <input type="checkbox"/> 2 Fellows in good standing in the region of practice <p>B. Without hospital base</p> <ul style="list-style-type: none"> <input type="checkbox"/> Regional chapter president attesting to location of practice <input type="checkbox"/> 2 Fellows of good standing in the region of practice attesting to location, good moral and professional conduct
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***Requirements for Diplomate of American Board or its equivalent**

1. Submit requirements as indicated in PPS FORM 04 and PPS FORM 01
2. Submit Research Paper (*1 paper as senior author 2 paper as co-author*)

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