



PHILIPPINE PEDIATRIC SOCIETY, INC.
Specialty Board Checklist
Application for Affiliate Fellow

Name of Applicant (*PLEASE PRINT*)

(Surname)	(First)	(Middle)

Address

Hospital Affiliation

--

Contact Numbers: Home:	Office:	Mobile Phone:
---------------------------	---------	---------------

REQUIREMENTS FOR AFFILIATE FELLOW

- Letter of invitation from the PPS Board of Trustees
- Updated application form
- Fellow for 5 years of respective Specialty Society and submission of published research paper or Fellow for 10 years practice without research paper.
- Letter of recommendation from two (2) Fellows of respective Specialty Society
- Photocopy of M.D. Diploma
- Photocopy of PRC Certificate
- Photocopy of Certificate of Residency/Fellowship or other training
- Photocopy of certificate as Fellow of the American Academy of Pediatrics or its equivalent
- Two (2) 2x2 colored photos
- Processing Fee – (*non refundable*)

Note: Submit together with application for (PPS FORM 02) on or before February 28 / September 28