



**The Specialty Board**  
**Philippine Pediatric Society, Inc.**  
 52 Kalayaan Avenue, Diliman, Quezon City  
 Tel No. 926-6758; 994-0079 Fax No. 926-2381  
 Website: www.pps.org.ph; Email: ppsinc@pps.org.ph

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	Published	Unpublished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

**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 PPS FORM 04**

**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



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

2x2  
PHOTO

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Name .....SEX.....STATUS.....  
(SURNAME) (FIRST) (MIDDLE)  
BIRTHPLACE.....DATE OF BIRTH.....  
HOME ADDRESS.....PHONE.....  
.....CELLPHONE NO.....  
OFFICE ADDRESS.....PHONE.....Fax .....

**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
<b>Title:</b>	<input type="checkbox"/> Senior Author	<input type="checkbox"/> Senior Author
	<input type="checkbox"/> Co-author	<input type="checkbox"/> Co-author
<b>Author/s:</b>		
<b>Title:</b>	<input type="checkbox"/> Senior Author	<input type="checkbox"/> Senior Author
	<input type="checkbox"/> Co-author	<input type="checkbox"/> Co-author
<b>Author/s:</b>		
<b>Title:</b>	<input type="checkbox"/> Senior Author	<input type="checkbox"/> Senior Author
	<input type="checkbox"/> Co-author	<input type="checkbox"/> Co-author
<b>Author/s:</b>		

**III. Date of Induction as Diplomate:**

\_\_\_\_\_  
Signature of Applicant

**\* IMPROPERLY FILLED-UP FORM SHALL NOT BE ACCEPTED**

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Date of Submission \_\_\_\_\_

Action Taken:  Approved /  Disapproved

Date of Deliberation \_\_\_\_\_

Fellow  
 Emeritus Fellow  
 Affiliate Fellow

**Remarks** \_\_\_\_\_

\_\_\_\_\_  
Secretary, PPS Specialty Board

\_\_\_\_\_  
PPS Examiner

\_\_\_\_\_  
Chairman, PPS Specialty Board