



PHILIPPINE SOCIETY OF MATERNAL FETAL MEDICINE

G/F POGS Bldg. No. 56 Malakas Street, Diliman, Quezon City 1102
 secretariat@psmfm.org www.psmfm.org
 8244-4591 09190817989

PASSPORT
 SIZE
 PHOTO

APPLICATION FORM FOR THE CERTIFYING EXAMINATION

DATE OF APPLICATION		AGE		CIVIL STATUS	
NAME OF APPLICANT					
BIRTHDAY		PLACE OF BIRTH			
NAME OF SPOUSE				NUMBER OF CHILDREN	
HOME ADDRESS					
MAILING ADDRESS					
MOBILE NUMBER		LANDLINE NUMBER			
EMAIL ADDRESS		PLACE OF PRACTICE			
PRC NUMBER		YEAR REGISTERED			
PMA NUMBER		COMPONENT SOCIETY			
MEDICAL SCHOOL	INCLUSIVE YEARS:				
RESIDENCY TRAINING INSTITUTION	INCLUSIVE YEARS:				
FELLOWSHIP TRAINING INSTITUTION	INCLUSIVE YEARS:				
OTHER FELLOWSHIP TRAINING	INCLUSIVE YEARS:			INSTITUTION	
POGS MEMBERSHIP	FELLOW OR DIPLOMATE	DATE OF EXAMINATION			
		WRITTEN:		ORAL:	
PSUOG MEMBERSHIP	YES OR NO	MEMBERSHIP YEAR			



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UNIVERSITY TEACHING POSITION	IF YES, NAME OF UNIVERSITY	
TEACHING POSITION		INCLUSIVE YEARS:
MEMBERSHIP IN INTERNATIONAL SOCIETIES		
RESEARCH PAPER IN MFM	TITLE	
RESEARCH PAPER PRESENTED	IF YES, WHERE	DATE
RESEARCH PAPER PUBLISHED	IF YES, WHERE	DATE

NOTE: For applicants requiring special arrangement due to a disability or handicap, please submit a letter, addressed to the chairperson of the PBMFM thru the secretary of the BOT, indicating the arrangement needed.



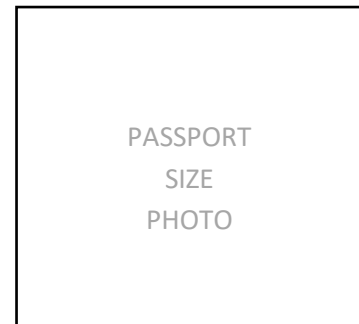
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EXAMINATION SLIP (EXAMINEE'S COPY)

NAME OF APPLICANT		AGE	
MAILING ADDRESS			
MOBILE NUMBER		LANDLINE NUMBER	
EMAIL ADDRESS			
FELLOWSHIP TRAINING INSTITUTION			

NOTE: This is a requirement for examination.
Present this slip to the examiner before each exam.

EXAMINEE'S FULL NAME AND SIGNATURE



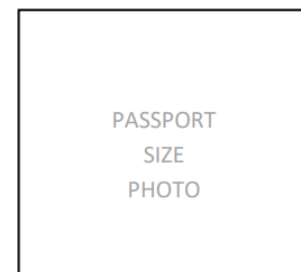
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EXAMINATION SLIP (EXAMINER'S COPY)

NAME OF APPLICANT		AGE	
MAILING ADDRESS			
MOBILE NUMBER		LANDLINE NUMBER	
EMAIL ADDRESS			
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CHECKLIST OF REQUIREMENTS FOR SUBMISSION:

- _____ Duly accomplished application form (**SECRETARIAT'S COPY**)
- _____ Compilation of the requirements for the certifying examination
- _____ Payment of the examination fee

Accomplished by: _____
Applicant for Certifying Examination

NOTE: Please submit the checklist with the application form

Submitted requirements shall be evaluated by the assigned member of the PBMFM. The secretary of the PBMFM will inform the applicants qualified to take the certifying examination thru SMS and email on or before July 15. For applicants not eligible to take the examination, the secretary of the PBMFM shall write a letter enumerating the deficiencies in the submitted requirements. The applicant may re-submit the requirements in time for the examination in the succeeding year, after he/she has addressed the deficiencies.

Beginning 2022, basic gynecologic ultrasound shall be part of the certifying examination. Successful examinees will be given a certificate of proficiency in Maternal Fetal Medicine and proficiency in basic and advanced obstetric ultrasound and basic gynecologic ultrasound.