



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

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APPLICATION FORM FOR ACCREDITATION OF THE FELLOWSHIP TRAINING PROGRAM IN MATERNAL FETAL MEDICINE

APPLICATION		NEW		RENEWAL
NAME OF HOSPITAL				
ADDRESS				
HOSPITAL OWNERSHIP		GOVERNMENT		PRIVATE
HOSPITAL SCOPE OF SERVICES		GENERAL		SPECIALTY
BED CAPACITY TOTAL:		PRIVATE BEDS		SERVICE BEDS
POGS ACCREDITATION		TRAINING		SERVICE
VALID ACCREDITATION PERIOD Write the inclusive years	DATE OF FIRST ACCREDITATION:			
	DATE OF LAST RE-ACCREDITATION:			
CHAIRPERSON OF THE DEPARTMENT OF OB-GYN				
STAFFING		ACTIVE CONSULTANTS		VISITING CONSULTANTS
POGS MEMBERSHIP		FPOGS		DPOGS
HEAD OF THE SECTION OF MATERNAL FETAL MEDICINE				
NUMBER OF CONSULTANTS/FACULTY WITH PSMFM CERTIFICATION			ACTIVE: VISITING:	
NUMBER OF FELLOWS-IN- TRAINING	TOTAL	FIRST YEAR: SECOND YEAR:		
HIGH RISK PATIENT LOAD PER MONTH	IN-PATIENT	OUT-PATIENT		
HIGH RISK IN-PATIENT REFERRALS	PRIVATE	SERVICE		
HIGH RISK OUT-PATIENT REFERRALS	PRIVATE	SERVICE		



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CHECKLIST OF REQUIREMENTS FOR SUBMISSION:

- _____ Duly accomplished application form
- _____ Photocopy of the valid certificate of PBOG Level II-A accredited residency training program or valid POGS CHAS for DOH Specialty hospitals
- _____ Photocopy of the latest certificate of PBMFM accreditation for fellowship training
- _____ Training program manual which includes the organizational structure, staffing, training program policies, statistics, evaluation of the fellows-in-training, training and teaching activities and physical plan.

PLEASE REFER TO THE REQUIREMENTS FOR ACCREDITATION

- _____ Payment of the accreditation or re-accreditation fee
Php 20,000 for hospitals in Metro Manila
Php 25,000 for hospitals outside of Metro Manila

Accomplished by: _____
Head, Section of Maternal Fetal Medicine

NOTE: Please submit the checklist with the application form