

REQUIREMENTS FOR ACCREDITATION

	NEW APPLICATION	RENEWAL OF ACCREDITATION	REVOKED
APPLICATION	Duly accomplished application form (Appendix B)		
	Photocopies of the following certificates: a. Valid PBOG Level II-A accredited residency training program b. Valid POGS CHAS (for DOH licensed specialty hospitals)		
		Photocopy of the latest certificate of PBMFM accreditation for fellowship training	Photocopy of the last certificate of PBMFM accreditation for fellowship training
	Paid accreditation/re-accreditation fee		
TRAINING PROGRAM	Mission, vision, values and objectives of the section of Maternal Fetal Medicine		
	Organizational structure of the department of OB-GYN. Include the POGS membership status of the consultants/faculty.		
	Organizational structure of the section of MFM. Include the POGS membership status and PSMFM membership status of the consultants/faculty. All the section consultants should be of good standing (updated payment of annual membership dues and MAF AND attendance to the annual convention for the last three (3) years. Include the MFM training institution and place of practice Include the CME courses and workshops attended in the last four (4) years		
	Curriculum of the fellowship training program using the OBE curriculum of PSMFM		
	Names of fellows-in-training and their corresponding year level and date of entry. The pre-requisite for application to the training program is the PBOG Part II examination or full diplomate status		
	Names of graduates with their corresponding PSMFM certification status and place of practice Specify if certifying exam was taken (include the year) or not		
	Fellowship training recruitment, promotion, retention and graduation policies		
	STATISTICS	Four-year (4 years) summary of statistical reports on: -Total in-patient and out-patient load -High risk pregnancy in-patient and out-patient load and procedures -Maternal and perinatal statistics	

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	<p>High risk pregnancy admission should be AT LEAST 20% of the total obstetric admission</p> <p>NOTE: For new application, a two (2) year census is sufficient</p>
	<p>Tabulation of perinatal procedures for both in-patients and out-patients, ultrasound procedures and electronic fetal monitor readings for each fellow for the past four (4) years, according to the required procedures specified by the PBMFM (Appendix B)</p> <p>NOTE: Should be available for inspection. Not for submission.</p>
EVALUATION OF FELLOWS	<p>Summary of the grading of the fellow for the past four (4) years using the evaluation tools in the OBE curriculum</p> <p>List of interesting case reports and research papers done by the fellows for the past four (4) years.</p> <p>NOTE: A copy of the paper should be kept in file.</p>
TRAINING AND TEACHING ACTIVITIES	<p>Tabulated monthly/weekly activities, with a short description for each activity</p> <p>List of research workshops conducted (in-house or outsourced)</p> <p>Community activities (with documentation)</p>
FACILITIES	<p>Photos and description of the physical plan (Appendix C)</p>