



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 MFM CERTIFYING EXAMINATION FOR BASIC
 GYNECOLOGIC ULTRASOUND**

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		
FELLOWSHIP TRAINING INSTITUTION	INCLUSIVE YEARS:		YEAR INDUCTED:		
POGS MEMBERSHIP	FELLOW OR DIPLOMATE		DATE OF EXAMINATION WRITTEN: ORAL:		

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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CHECKLIST OF REQUIREMENTS FOR SUBMISSION:

_____ Duly accomplished application form (**SECRETARIAT'S COPY**)

_____ Compilation of the required gynecologic procedures

_____ Certificate of attendance in the refresher course

_____ IOTA certification (given in the refresher course)

_____ Signed memorandum of agreement

_____ Payment of the examination fee

Written examination: Php 3,000

Practical examination Php 2,000

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 Ad Hoc committee. The chairperson of the Ad Hoc committee, thru the administrative assistant Ms Jonnalyn Cadion, will inform the applicants qualified to take the certifying examination by SMS and email on October 31. For applicants not eligible to take the examination, the chairperson of the Ad Hoc committee shall write a letter enumerating the deficiencies in the submitted requirements.