



PHILIPPINE BOARD OF MATERNAL FETAL MEDICINE

The accrediting body of The Philippine Society of Maternal Fetal Medicine
Subspecialty Society of the Philippine Obstetrical and Gynecological Society, Inc.

G/F POGS Bldg., No. 56 Malakas St., Diliman, Quezon City, 1102

☎ 0919-081-7989

✉ secretariat@psmfm.org

PASSPORT
SIZE
PHOTO

APPLICATION FORM FOR THE CERTIFYING EXAMINATION

| | | | |
|--------------------------------|--|--------------|--|
| DATE OF APPLICATION | | | |
| NAME OF APPLICANT | AGE | CIVIL STATUS | |
| APPLYING FOR | <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> PRACTICAL | | |
| ATTEMPT STATUS | <input type="checkbox"/> FIRST TIME TAKER <input type="checkbox"/> SECOND TIME TAKER <input type="checkbox"/> THIRD TIME TAKER <input type="checkbox"/> REFRESHER | | |
| 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: | | |



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| | | |
|--|----------------------------|--|
| FELLOWSHIP TRAINING INSTITUTION | INCLUSIVE YEARS: | |
| POGS MEMBERSHIP | FELLOW OR DIPLOMATE | DATE OF EXAMINATION WRITTEN: ORAL: |
| | STATUS | <input type="checkbox"/> GOOD STANDING <input type="checkbox"/> OTHERS: _____ |
| 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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| PASSPORT SIZE PHOTO |
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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

EXAMINATION SLIP (SECRETARIAT'S COPY)

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

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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 14. 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.