



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	



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

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 fee for new accreditation or renewal of accreditation
Php 30,000 for hospitals in Metro Manila
Php 40,000 for hospitals outside of Metro Manila

Accomplished by: _____
Head, Section of Maternal Fetal Medicine

NOTE: Please submit the checklist with the application form