



Philippine College of Surgeons

REQUIREMENTS FOR PCS FELLOWSHIP

1. Accomplished Application Form.
2. Certified true copy of Medical School Diploma or its equivalent (for foreigners).
3. Certified true copy of Certificate of Registration/License issued by the Professional Regulation Commission (PRC) or its equivalent (for foreigners).
4. Photocopy of updated/valid Professional Identification Card issued by PRC.
5. Certified true copy of Certificates of Completion of Residency and Post-Residency specialty Training.
6. Certified true copy of Specialty Board Certification or its equivalent (for foreigners).
7. Certification of membership in good standing with the Philippine Medical Association (PMA).
8. List of ALL previous and current area(s) of practice.
9. Letter of recommendation from EACH of the places/hospitals where he/she previously practiced and currently is practicing, attesting to the fact that he/she has been practicing his/her specialty/sub-specialty for the last 2 years upon application and having no derogatory record during this period. Each letter of recommendation shall come from any of the following:
 - Medical Director/Chief of Hospital and
 - Chair, Department of Surgery or Chief, Specialty Division/Department in the Hospital
10. Letters of recommendation from two (2) PCS Fellows in good standing attesting to his/her good moral character and high ethical and professional standing in the community (predominant area/hospital of practice).
11. Letter of endorsement from the PCS Chapter in his/her area of practice.
12. Letter of endorsement from his/her respective PCS Component Specialty Society.
13. Three (3) 2 x 2 pictures (colored with white background; coat and tie or barong).
14. Application fee of Php2,000 for Filipino citizens and USD500 for foreign nationals. Application fee for deferred applications shall remain valid only until the following year.
15. Interview of the applicant as deemed necessary by the Committee.

DEADLINE: APRIL 30, 2017

APPLICATION FORM FOR PCS FELLOWSHIP

NAME: _____ DATE & PLACE OF BIRTH: _____

CIVIL STATUS: _____ GENDER: _____ SURGICAL SPECIALTY (one only): _____

OFFICE ADDRESS (Complete): _____ TEL. NO: _____

HOME ADDRESS (Complete): _____ TEL. NO: _____

EMAIL ADDRESS: _____ CELL NO: _____

MEDICAL SCHOOL: _____ YEAR: _____

INTERNSHIP: _____ YEAR: _____

PRC CERTIFICATE OF REGISTRATION/LICENSE NO.: _____ DATE: _____

FOREIGN MEDICAL LICENSURE EXAM: _____ DATE: _____

RESIDENCY OR FELLOWSHIP TRAINING¹: (DATE, HOSPITAL, SPECIALTY) _____

SPECIALTY BOARD CERTIFICATION¹: _____ DATE: _____

SUB-SPECIALTY TRAINING²: (DATE, HOSPITAL, SUB-SPECIALTY) _____

SUB-SPECIALTY BOARD CERTIFICATION²: _____ DATE: _____

ASSISTANTSHIP OR PRECEPTORSHIP: (DATE, PRECEPTOR, SPECIALTY, PLACE) _____

POSTGRADUATE COURSES ATTENDED: (DATE, PLACE, SUBJECT) _____

ACADEMIC APPOINTMENTS: _____

HOSPITAL APPOINTMENTS: _____

SURGICAL PRACTICE EXPERIENCE: _____

MEDICAL SOCIETY MEMBERSHIP: _____

PAPERS PUBLISHED: _____

Are you facing any administrative, civil, or criminal case in any judicial or quasi-judicial body in the country or abroad? If YES, please specify:

REFERENCES: (PCS Fellows only)

1. _____ 3. _____

2. _____ 4. _____

I hereby attest to the truthfulness of all information contained in this Application Form. I acknowledge that any false statement or misrepresentation made herein shall be sufficient cause for rejection of my application, forfeiture of my application fee, and prohibition from re-applying for the next two (2) years.

Signature: _____ Date: _____

INSTRUCTIONS: Use additional sheets if necessary. Accomplish this Form and return this with Page 4 (Waiver) to PCS together with all other requirements/documents not later than April 30, 2016.

WAIVER

I, _____, hereby declare that this application for Fellowship with the PHILIPPINE COLLEGE OF SURGEONS (PCS) dated _____, has not been solicited by the PCS, that no assurances for favorable action has been given to me in any form whatsoever, and I hereby expressly waive permanently and absolutely any right for damages, loss, reimbursement or any other claim arising out of or in connection with the processing or evaluation of this application, whether favorable or not, without prejudice to any request for re-evaluation or reconsideration, which shall likewise carry this WAIVER.

(Signature over Printed Name)
Applicant

(Date)

APPLICANTS WITH PENDING LEGAL CASE/S

1. Applicants with pending case/s in judicial or quasi-judicial bodies are eligible to apply and become Fellows.
2. Applicants convicted of a crime punishable by *reclusion perpetua* are not eligible for Fellowship; those convicted of offenses with lesser degrees of penalty shall be considered by the Committee on a case to case basis.

REQUEST FOR REINSTATEMENT

1. A member who was dropped from the roster within 10 years and who request reinstatement shall be required to comply with the following:
 - a) Submit a letter of recommendation from EACH of the places/hospitals where he/she previously practiced and currently is practicing, attesting to the fact that he/she has remained in active surgical practice and has no derogatory record during this period. Each letter of recommendation shall come from any of the following:
 - Medical Director/Chief of Hospital
 - Chairman, Department of Surgery or
 - Chief, Specialty Division/Department in the Hospital
 - b) Settle all arrears
2. A member who was dropped from the roster beyond 10 years and who request reinstatement shall be required to re-apply and comply with ALL requisites (see Requirements for PCS Fellowship) and settle all arrears.