

The Chairman
Committee on Continuing Surgical Education
Philippine College of Surgeons
992 EDSA, Quezon City

I am hereby submitting this application for the PCS Fellows Scholarship Program.

I accept a commitment to complete the entire approved and stipulated period of training as a PCS Fellows Scholar, and I am also willing to abide by all the terms stipulated.

I further commit myself to return to my specified geographic area of practice, to continue performing my chosen field of surgical specialty and help promulgate the lessons learned from my training to my colleagues and patients to ultimately raise the quality of surgical care delivery.

Applicant
(Signature over printed name & Date)

Endorsed favorably by:

President, PCS Local Chapter
(Signature over printed name & Local Chapter name)

President, Surgical Specialty Society
(Signature over printed name & Specialty Society)

TO BE FILLED UP BY APPLICANT

Date: _____

Name (printed) _____ Age _____ Status _____

Home Address: _____

Phone: _____ Mobile Number(s): _____ Email: _____

Office Address: _____ Phone: _____

Name of Spouse _____ No. of Dependents _____

Medical School & Year Graduated: _____

Residency Training, Place, & Inclusive Dates: _____

Fellowship Training, Place & Inclusive Dates: _____

Specialty board Certification(s) & Dates: _____

Year PCS Fellowship Conferred: _____

Present Hospital Affiliation(s), Appointment (s) & Position(s):

Academic appointment(s):

PCS Local Chapter, Surgical Specialty Societies, Position(s), Committee Appointment(s):

Prospective hospital of training, address, specialty and Inclusive Dates:

References: (2 PCS Fellows): _____ ; _____

SUBSCRIBED AND SWORN to be before me on this _____ day of _____

Doc. No. _____
Page No. _____
Book No. _____
Series of _____