



Philippine College of Surgeons

REQUIREMENTS FOR RESIDENTS' MEMBERSHIP

1. Application form
2. Application letter
3. Recommendation letter from Department Chairman and Training Officer
4. Two (2) 2x2 colored pictures
5. Membership fee Php500.00

CRITERIA FOR ELIGIBILITY

1. Resident or Fellow in a Surgical Training Program of an Accredited Training Program in any surgical specialty
2. Good standing in their specialty society resident organization
3. Have completed residency and entering Fellowship in Surgical Training Program

BENEFITS

1. Avail of Resident's rates during PCS Conventions
2. Eligibility for PCS scholarship program
3. Resources for research
4. Avail of Workshops conducted by PCS (its local Chapter/or Specialty Societies)
5. Access to PJSS
6. Membership to certain PCS Committee as Resident representatives (non-voting capacity)
7. Resident's Award

MEMBERSHIP ENDS

1. Upon graduation from residency/fellowship program
2. Removal from residency program

Deadline: April 30, 2023

Kindly address all letters to:

RENATO R. MONTENEGRO, MD
Chair, Comm on Membership
Philippine College of Surgeons

*For your convenience, the following payment options will be accepted by the College:

1. Cash
2. Personal checks, payable to the **PHILIPPINE COLLEGE OF SURGEONS, INC.**
3. Inter-branch deposits (IBD) may be made thru:
PCS Banco De Oro Savings Account No. 00 405 000 4510
4. Email your proof of payment to membersh@pcs.org.ph



Philippine College of Surgeons

APPLICATION FORM

NAME: _____ STATUS: _____

DATE & PLACE OF BIRTH: _____ SEX: _____

EMAIL ADDRESS: _____ MOBILE NO: _____

RESIDENCY TRAINING PROGRAM (Hospital with Complete Address):

YEAR LEVEL: _____ DURATION OF TRAINING: _____
(Date started - Date end)

TEL NO: _____

HOME ADDRESS (Complete): _____

TEL. NO: _____

MEDICAL SCHOOL: _____ YEAR: _____

INTERSHIP: _____ YEAR: _____

PHIL. MEDICAL BOARD CERTIFICATE NO.: _____ DATE: _____

FELLOWSHIPS: (Specialty, Date, Hospital, Year Level)

REFERENCES: (PCS Fellows only)

1. _____ 2. _____

I hereby attest to the truthfulness of all the information contained in this application. I acknowledge that any false statement or misrepresentation made herein shall be sufficient cause for the forfeiture of my application fee and will only allowed to re-apply for membership after two (2) years.

DATE: _____

SIGNATURE: _____