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Philippine College of Surgeons

REQUIREMENTS FOR PCS FELLOWSHIP

(Special Accommodation Program for Fellows
of PCS Component Specialty Societies)

SIMPLIFIED CATEGORY

Qualification:

Fellows of PCS component Specialty Society for at least 3 years

Documents to submit:

1. Accomplished Application Form.
2. Photocopy of updated/valid Professional Identification Card issued by PRC.
3. Letter of endorsement from the PCS Chapter in his/her area of practice.
4. Letter of endorsement from his/her respective PCS Component Specialty Society.
5. Three (3) 2 x 2 pictures (colored with white background; coat and tie or barong).
6. Application fee of Php2,500. (Application fee for deferred applicants shall remain valid only until the following year)
7. Interview of the applicant as deemed necessary by the Committee.

Deadline: April 30, 2024

Kindly address all letters to:

ANITA C. TARECTECAN, MD, FPCS

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 membership@pcs.org.ph



Philippine College of Surgeons

Quality Surgery For All

APPLICATION FORM 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, 2023.

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)