PAHMOC

PHYSICIAN APPLICATION AND INFORMATION SHEET

I have read, understood and agreed to all provisions of the PCS_PAHMOC MOA covering the period January 01, 2022

A. PERSONAL DATA

NAME: _____ _____ _____
First Name Middle Name Surname

BIRTHDATE: _____ GENDER _____ STATUS _____

PREFERRED MAILING ADDRESS

HOME _____

HOSPITAL _____

EMAIL ADDRESS _____

CONTACT NO/S. (Please include Mobile No./s) _____

B. PROFESSIONAL DATA

SPECIALTY _____ [ ] FELLOW [ ] DIPLOMATE [ ] MEMBER

SUB-SPECIALTY _____ [ ] FELLOW [ ] DIPLOMATE [ ] MEMBER

PRC NO. _____ TIN NO. _____

PHIC NO. _____ VALID FROM _____ UP TO _____

C. HOSPITAL/CLINIC AFFILIATION (WITH REGULAR CLINIC SCHEDULE)

	HOSPITAL/CLINIC NAME	ROOM NO.	SCHEDULE (DAY-TIME)
1.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
2.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
3.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
4.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
5.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____

D. OTHER HOSPITAL/CLINIC (VISITING)

	HOSPITAL/CLINIC NAME	ROOM NO.	SCHEDULE (DAY-TIME)
1.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
2.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
3.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
4.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____
5.)	_____	_____	Sun ___ M____ T____ W_____ Th____ F____ Sat____

I hereby agree to be affiliated in all hospitals and clinics written in this form.

I certify that all my information written above are TRUE and CORRECT.

I give my consent to the PAHMOC to gather, use, share, store, and dispose of my personal and sensitive

_____ _____
Physician Signature over Printed Name Date

APPROVING OFFICERS (NAME AND SIGNATURE)

PCS PAHMOC

_____ _____

Chapter President's Signature over Printed N Authorize Representative's Signature over Printed Name

NOTE: ATTACHED ARE THE FOLLOWING DOCUMENTARY REQUIREMENTS

_____ BIR Certificate of Registration (Form 2303)
_____ Updated PRC ID
_____ Updated PHIC ID
_____ Curriculum Vitae
_____ Diplomate/Fellow Certificate
_____ Signed Data Privacy Consent Form

Kindly send back to membership@pcs.org.ph

(Revision 01_Dec. 2020)