



# Philippine College of Surgeons

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## REQUIREMENTS FOR PCS ASSOCIATES

1. Accomplished Application Form and notarized Waiver.
2. Photocopy of updated PRC ID.
3. Certified true copy of the Certificates of Completion of Residency and Post-Residency Specialty Training
4. Certificate of Good Standing from the latest Philippine medical Association (PMA)
5. 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).
6. Certified true copy of Certificate of Attendance at least one (1) PCS Mid-Year Convention (MYC) or Annual Clinical Congress (ACC) or convention of their respective Societies within the last three (3) years upon application
7. Three (3) 2 x 2 pictures (colored with white background; coat and tie or barong).
8. Application fee of Php2,500
9. Interview of the applicant as deemed necessary by the Committee.

Address all letters of application to PCS President thru the Chair, Committee on Membership

\*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 thr : **PCS Banco De Oro Savings Account No. 00 405 000 4510**
4. Email your proof of payment to [membership@pcs.org.ph](mailto:membership@pcs.org.ph)



**Philippine College of Surgeons**  
**Quality Surgery For All**

**APPLICATION FORM FOR PCS ASSOCIATE**

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 LICENSE NO.: \_\_\_\_\_ VALID UNTIL: \_\_\_\_\_

RESIDENCY TRAINING: (DATE, HOSPITAL, SPECIALTY) \_\_\_\_\_

FELLOWSHIP TRAINING (IF APPLICABLE): (DATE, HOSPITAL, SPECIALTY) \_\_\_\_\_

SPECIALTY BOARD CERTIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

SUB-SPECIALTY TRAINING: (DATE, HOSPITAL, SUB-SPECIALTY) \_\_\_\_\_

SUB-SPECIALTY BOARD CERTIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSISTANTSHIP OR PRECEPTORSHIP: (DATE, PRECEPTOR, SPECIALTY, PLACE) \_\_\_\_\_

MEDICAL SOCIETY MEMBERSHIP: \_\_\_\_\_

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. \_\_\_\_\_ 2. \_\_\_\_\_

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 \_\_\_\_\_.

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:

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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 \_\_\_\_\_.

## WAIVER

I, \_\_\_\_\_, hereby declare that this application for Associate Member 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) Discounted Settlement of arrears

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3.20.2023