



Philippine College of Surgeons

REQUIREMENTS FOR RESIDENTS' MEMBERSHIP

1. Accomplished Application form and notarized Waiver
2. Photocopy of valid Professional Identification Card issued by PRC
3. Certified true photo copy of Medical School Diploma
4. Endorsement letter from Department Chairman and Training Officer of the Accredited Training Program / institution attesting to his / her Residency
5. Suggestion (Proof of Resident in Training)
6. Two (2) 2x2 colored pictures

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



Philippine College of Surgeons

APPLICATION FORM FOR RESIDENT MEMBER

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: _____