**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.**

**MEMBERSHIP DATA RECORD (MDR)**



**MUTUAL ASSISTANCE PROGRAM (MAP)**

**Instructions:**

1. ACCOMPLISH THE FORM CORRECTLY. TYPE YOUR ANSWERS

2. USE NUMERIC FOR ALL DATES REQUIRED (MM/DD/YEAR)

3. FILL OUT SPACES COMPLETELY, DO NOT LEAVE BLANKS

4. SAVE THE FILLED OUT FORM AS PDF FILE

5. USE “MDR” AND YOUR NAME AS THE FILE NAME (i.e. MDR–JUAN DELA CRUZ, M.D.)

6. EMAIL BACK TO POGS THRU pogscredentialsmembership@gmail.com

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| **PRC Number** | **Date of Licensure** | **PMA Number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- | --- |
|  **Family Name** | **First Name** | **Middle Name** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- |
| **Residence Address** *(House No,Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **E-mail Address** |
| Click here to enter text. | Click here to enter text. |
|  | **Mobile Number/s** | **Civil Status** | **Region** |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Main Hospital Affiliation / Clinic Address** *(Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **Date of Birth** | **Telephone Numbers**(please click the box) |
| Click here to enter text. | Click here to enter text. | **Residence:** Click here to enter text. |
|  |  | **Main Clinic:** Click here to enter text. |
|  | **Place of Birth** | **Citizenship** | **Religion** |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other Hospital Affiliation/s / Clinic Address** *(Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **Specialty** | **Preferred Mailing** (please tick the box) |
| Click here to enter text. | Click here to enter text. | Residence |[ ]
|  |  | Main Clinic |[ ]
|  | **Subspecialty** | **General Practice** (please tick the box) |
|  | Click here to enter text. | Private |[ ]
|  |  | Government |[ ]

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| --- | --- | --- | --- |
| **Medical School Attended** |  **Year Graduated** | **Membership** | **Date** |
| Click here to enter text. | Click here to enter text. | Passed Part 1 | Click here to enter text. |
| Junior | Click here to enter text. |
| **Residency Training Program** *(Name of Institution)* | **Date Started** | **Date Ended** | Passed Part 2 | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Diplomate | Click here to enter text. |
| Fellow | Click here to enter text. |
| **Fellowship Training** *(Name of Institution)* | **Date Started** | **Date Ended** | Life | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Associate | Click here to enter text. |

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| --- | --- | --- |
| **NAME OF BENEFICIARIES**  | **Relationship** | **Date of Birth** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- | --- |
| **Clinical Practice Abroad****(Please Click the box)**  | **ASEAN** [ ]  **OUTSIDE ASEAN** [ ]  | **Medical Society Membership** |
| **Please specify:** Click here to enter text. | **1.** Click here to enter text.**2.** Click here to enter text.**3.** Click here to enter text. |
| **From:** Click here to enter text. **To:** Click here to enter text. |

|  |  |
| --- | --- |
| **Are you involved in any civil, criminal or administrative court cases here or abroad? If yes, please specify** | **Character references: (POGS Fellows only)** |
| Click here to enter text. | **1.** Click here to enter text. |
| **2.** Click here to enter text. |

***I hereby certify to the correctness of the information stated above, and in witness thereof,***

***I hereunto set my signature this*** Click here to enter text. ***Day of*** Click here to enter text. ***20*** Click here to enter text.



 **E-SIGNATURE OF MEMBER**

## **PHILIPPINE OBSTERICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.**

## **DATA PRIVACY POLICY AND CONSENT FORM**

##

## Statement of Privacy Policy

## The PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY is committed to protect and respect your personal data privacy. This Personal Data Privacy Notice and Consent Form was prepared in accordance with the Data Privacy Act of 2012 together with its Implementing Rules and Regulations. It sets out our personal information protection to our members and individuals whom we deal with within our organization.

## Please note that we may amend this Data Privacy Notice and Consent Form at any time without prior notice and will notify you of any such amendment via our website or by email.

## Privacy Notice

## Personal Information

## We collect and process the following personal information from you when you manually or electronically submit to us upon your application and in the course of your membership with POGS:

## Full name

## Home address

## Email address

## Date of birth

## Civil Status

## Family Background

## Face/photo, fingerprints or handwriting

## Contact numbers

## Government issued ID numbers

## Medical history and condition

## Educational background

## Professional background

## Use: The collected personal information is utilized solely for the following purposes:

## Application for membership in the Society

## Eligibility for written and oral examinations with the Philippine Board of Obstetrics and Gynecology

## Evaluation on the authenticity of all credentials for approval of membership in the Society

## Update and verification of status of membership in the Society

## Deliberate on financial delinquency cases submitted by the Finance Committee for proper censure and disciplinary action

## Benefits of members in the exercise of their rights and privileges in the Society

## Coordinate and prepare activities for Midyear Convention, Annual Convention and Committee on Continuing Medical Education of the PMA and Continuing Professional Development by PRC

## Documentation of activities and archiving within the Society

## Disciplinary sanctions, such as censure, suspension or expulsion, after due investigation

## Application for Mutual Assistance Program of the Society

## Promotion and marketing of Society’s activities

## Application for Residents’ In-Service Examination

## The said data is not shared with any outside parties without your consent unless the law and our rules allow us to. We hold this personal information data and use it to monitor and report on your progress, and assess the status of your membership with the Society.

## Protection Measures

## Only authorized POGS personnel has access to these personal information, the exchange of which will be facilitated through email and hard copy. They will be stored in a database for five (5) years or as long as needed by the Society, after which physical records shall be disposed of through shredding, while digital files shall be kept in our files for as long as necessary.

## Data transfer and sharing

## Where POGS consider it necessary or appropriate for the purposes of data storage or processing or providing any service or product on our behalf to you, we may transfer your personal information to third parties within or outside the Philippines, under conditions of confidentiality and similar levels of security safeguards.

## Access and Correction

## You have the right to ask for a copy of any personal information we hold about you, including existing data sharing agreement with third parties, as well as to ask for it to be corrected if you think it is wrong. To do so, please contact the Data Protection Officer (DPO), MS. SANDRA JOY ERAMIS and/or the Compliance Officer for Privacy (COP), at the following contact information: (02) 921-7647 / 921-7557/ pogscredentialsmembership@gmail.com

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## Privacy Consent

## Please confirm your consent to POGS processing personal information data relating to you for the purposes set out above by signing this form in the space provided below. If you have any questions, please contact the above-stated Data Privacy Officer and/or Data Privacy Compliance Officer.

##

##

##  Click here to enter text. Click here to enter text.

##   **Name of member and E-signature DATE**

##  Signed in the presence of (name/s of witnesses) Click here to enter text. Click here to enter text.