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

**MEMBERSHIP DATA RECORD (MDR)**

**MUTUAL ASSISTANCE PROGRAM (MAP)**

2 x 2

photo

**Instructions:**

1. ACCOMPLISH THE FORM CORRECTLY AND PRINT DATA LEGIBLY IN CAPITAL LETTERS. USE BLACK INK ONLY

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

3. FILL OUT SPACES COMPLETELY, DO NOT LEAVE BLANKS

4. PLEASE RETURN THIS COMPLETED FORM TO POGS SECRETARIAT

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| **PRC Number** | **Date of Licensure** | **PMA Number** |
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| --- | --- | --- |
| **Surname First Name Middle Name** | | |
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| --- | --- | --- | --- | --- | --- |
| **Residence/Home Address** *(House No,Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **E-mail address** | | | | |
|  |  | | | | |
| **Mobile Number** | **Civil Status** | | **Region** | |
|  |  | |  | |
| **Main Hospital Affiliation / Clinic Address** *(Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **Date of Birth** | **Telephone Numbers** | | | |
|  |  | **Residence:** | | | |
| **Clinic:** | | | |
| **Place of Birth** | **Citizenship** | | **Religion** | |
|  |  | |  | |
| **Other Hospital Affiliation/s / Clinic Address** *(Street,Brgy,Town,Municipality/City,Province,Zipcode)* | **Specialty** | **Preferred mailing** (please check) | | | |
|  |  | **Residence:** | | | |
| **Clinic main:** | | | |
| **Subspecialty** | | **General Practice**  (please check) | | |
|  | | **Government** | |  |
| **Private** | |  |

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

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| --- | --- | --- |
| **LEGAL BENEFICIARIES Name** | **Relationship** | **Date of Birth** |
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| **Clinical Practice Abroad**  **(Please check)** | **ASEAN** |  | **Outside ASEAN** |  | **Medical Society Membership** |
| Please specify:  From:  To: | | | | | **1.**  **2.**  **3.** |

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

***I, hereby certify to the correctness of the above-information and confirm my consent to the POGS, processing my personal information for the purposes as stated in the privacy policy of the Society. In witness whereof, I hereunto set my signature this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OVER PRINTED NAME

*Recorded by:*

*Date:*

* **Continue - (page 2 - back )**

**PHILIPPINE OBSTETRICAL 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 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:

1. Full name
2. Home address
3. Email address
4. Date of birth
5. Civil Status
6. Family Background
7. Face/photo, fingerprints or handwriting
8. Contact numbers
9. Government issued ID numbers
10. Medical history and condition
11. Educational background
12. Professional background

***Use***

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

1. Application for membership in the Society
2. Eligibility for written and oral examinations with the Philippine Board of Obstetrics and Gynecology
3. Evaluation on the authenticity of all credentials for approval of membership in the Society
4. Update and verification of status of membership in the Society
5. Deliberate on financial delinquency cases submitted by the Finance Committee for proper censure and disciplinary action
6. Benefits of members in the exercise of their rights and privileges in the Society
7. Coordinate and prepare activities for Midyear Convention, Annual Convention and Committee on Continuing Medical Education of the PMA and Continuing Professional Development by PRC
8. Documentation of activities and archiving within the Society
9. Disciplinary sanctions, such as censure, suspension or expulsion, after due investigation
10. Application for Mutual Assistance Program of the Society
11. Promotion and marketing of Society’s activities
12. Resident’s 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, MS. SANDRA JOY ERAMIS, and/or Data Privacy Compliance Officer (COP), at the following contact information (02)921-7647 / 921-7557, E-mail address: pogscredentialsmembership@gmail.com

**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.

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_** |
| **Signature of Member over printed name Date signed** |
|  |
| **Signed in the presence of:** |
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