

# Part I Written Examination Sequence of Requirements For Re-examination 3 Years After First Failed Attempt (And for Each Year Thereafter)

CHECKLIST		
<b>Cover page</b> TITLE: "Requirements for Diplomate Part I" (Re-Exam-5 Cases) Name of Applicant Date of Submission		
<b>General Table of Contents</b> List of the sequence in which the requirements are arranged in the compilation; PAGE NUMBER is required.		
<b>Application Form</b>	Completely filled out (with most recent photo, and signed by (a) Applicant, (b) Department Chair, (c) Regional Director EXCEPT NCR Regional Director, and (d) three active POGS Fellows endorsing the applicant)	
<b>Certificates</b>	Jurat Notarization (this is a <b>CORE</b> requirement).	
	Certificate of Good Standing from PMA or its component society.	
	Photocopy of updated valid PRC ID (at the time of application)	
	Certification from the Department Chair <u>AND</u> the Hospital/Medical Director, attesting to the authenticity of the cases/procedures submitted (that the cases/procedures were admitted and performed by applicant)	
	Four (4) Certificates of Attendance to the following, taken <b>within 12 months prior to application:</b>	

	<ul style="list-style-type: none"> <li>• Recent POGS Annual or Midyear Convention</li> <li>• Any comprehensive (university-based or POGS-organized) postgraduate or review course with corresponding PRC CPD units or any recent Advances in Labor and Risk Management (ALARM) course obtained within two (2) years from application</li> <li>• Any two (2) of the following: <ul style="list-style-type: none"> <li>- POGS-recognized/certified webinars (with PRC CPD units)</li> <li>- Subspecialty pre-congress courses/webinars or subspecialty annual or midyear conventions</li> <li>- International fora/conventions</li> </ul> </li> </ul>	
<b>CASES</b>	<p>Five (5) MAJOR Ob-Gyn procedures, consisting of:</p> <ul style="list-style-type: none"> <li>○ 3 Obstetric cases (OB1, OB2, OB3)</li> <li>○ 2 Gynecologic cases (GYN4, GYN5)</li> </ul> <p>Correct number is a <b>CORE requirement</b>.  Variety of cases and indications is a <b>CORE requirement</b>.  Cases should be done within FIVE (5) years from the time of application, after residency training and with the applicant as the PRIMARY SURGEON.</p> <p>TABULATION OF CASES/PROCEDURES with seven columns (in ARIAL font 12 pt, landscape view)</p> <ul style="list-style-type: none"> <li>• Tally number, Patient's age and OB score, Date admitted, Date discharged, Hospital where procedure was done</li> <li>• Admitting Diagnosis</li> <li>• Pre-operative Diagnosis</li> <li>• Management, Operation/Procedure done, Anesthesia done, Date done</li> <li>• Indication for Surgery/Procedures (INCLUDE Justification if there is deviation from standard of care) * DO NOT leave this column blank. DO NOT copy pre-operative diagnosis.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Final Diagnosis</li> <li>• Patient/Maternal/Fetal Outcome or Histopathology result</li> </ul> <p>SUPPORTING DOCUMENTS – arranged following the sequence in “Tabulation of Cases/Procedures” and correctly labelled with the Tally Number stated in the tabulation (OB1, OB2, OB3, GYN4, GYN5)</p> <ul style="list-style-type: none"> <li>• Operative Record – applicant types the EXACT contents of the Operative Record, but omits patient identifiers. (Typewritten in Arial font 12 pt, portrait view) The type of anesthesia used and duration of surgery must be stated.</li> <li>• Operative Technique</li> <li>• Friedman’s Curve or Partogram (for all dystocia and failed induction cases)</li> <li>• Histopathology Report, if applicable - applicant types the EXACT contents of the histopathology report, with gross and microscopic descriptions but omits patient identifiers. (Typewritten in Arial font 12 pt, portrait view and stamped Certified True Copy by the Records Section, Pathologist or Pathology Department)</li> </ul> <p>Applicant to follow <b>DATA PRIVACY POLICY:</b> Typewritten copies of OR Technique (with findings) and Histopathology Report (if applicable in case/s) are submitted <b>WITHOUT PATIENT IDENTIFIERS</b> such as Name and Case number (anonymized data).</p>	
<p>All of the above requirements must be submitted book-bound with soft cover (total of two identical book-bound copies, one for the PBOG and one receiving copy for the applicant.</p> <p>Use A4-size paper with 2-inch margin on the left or the binding side.</p>		

