

PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC



PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY

No. 56 Malakas Street, Diliman, Quezon City 1100

Tel Nos: 89220195; 89217647 Loc. 209 Fax Nos: 89219089

Email Address: pogsinc@gmail.com; pbog2010@gmail.com website: www.pogsinc.org

INSTRUCTIONS:

1. ACCOMPLISH THE APPLICATION FORM COMPLETELY
2. PRINT DATA LEGIBLY IN CAPITAL LETTERS

**PART I (WRITTEN EXAMINATION)
APPLICATION FORM**

NAME (Family Name)

(First Name)

(Middle Name)

RESIDENCE / HOME ADDRESS (No., Street, Brgy., Town, Municipality/ City, Province, Zip code)

REGION

2 Passport size (1.5"x2")
photo taken within
3 months with FULL
nametag

MAIN HOSPITAL: _____

CLINIC ADDRESS: _____

SPECIALTY _____

GENERAL PRACTICE:

- ☐ Private
☐ Government

SUBSPECIALTY _____

**POGS
REGION**

Scanned, computer-
generated / enhanced,
photocopied, cutout, and
pictures without nametag
are not accepted

BIRTH DATE
(MM/DD/YY)

CIVIL STATUS

GENDER
(F / M)

CITIZENSHIP

**PRC
NUMBER**

**DATE OF
LICENSURE**

**PMA
NUMBER**

HOME NO.

CLINIC NO. (Main)

MOBILE NO.

EMAIL ADDRESS

MEDICAL SCHOOL ATTENDED:

YEAR GRADUATED

RESIDENCY TRAINING PROGRAM:

Name of Institution Chairman from _____ to _____
Date started Date Ended

Name of Institution Chairman from _____ to _____
Date started Date Ended

Name of Institution Chairman from _____ to _____
Date started Date Ended

Attested by:

Chairman of OB-GYN Department/
Hospital Director

REGIONAL DIRECTOR:

Name

Signature

POSTGRADUATE COURSES/ ADVANCED TRAINING ATTENDED *(In the last 3 years)*

CONVENTION	PLACE	DATE	CME UNITS

TEACHING POSITIONS:

PRESENT POSITION	SCHOOL	DATE

MEDICAL SOCIETY MEMBERSHIP

_____ from _____ to _____
_____ from _____ to _____

ENDORSED BY 3 POGS FELLOWS:
NAME**SIGNATURE****INSTITUTION**

1. _____
2. _____
3. _____

I respectfully apply for certification as **JUNIOR MEMBER**
In OBSTETRICS AND GYNECOLOGY by the PHILIPPINE
BOARD OF OBSTETRICS AND GYNECOLOGY



SIGNATURE OVER PRINTED NAME

PREVIOUS PBOG EXAMS TAKEN

	DATE	OUTCOME
PART I (WRITTEN)	_____	_____
	_____	_____
PART II (ORALS)	_____	_____
	_____	_____
	_____	_____

I, _____, hereby certify to the correctness
of the information stated above and confirm my consent to the POGS
to process my information/data for the purposes stated on the privacy
policy of the Society. In witness thereof, I hereunto set my signature
this _____ day of _____, 20_____.

Signature over printed name

Do not fill-up below this line

ACCOUNTING SECTION:

Date: _____
Application O.R. No. _____
Amount _____ Date: _____
Examination O. R. No. _____
Amount: _____ Date: _____

Printed Name and Signature of Processor

Chairman, PBOG