

PARTP Form 1A1
(2023)



**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.
PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY**

No. 56 Malakas St, Diliman, Quezon City.

Tel Nos: 921-7557, 921-7647, (Telefax) 921-9089

E-mail Address: pogsinc@gmail.com; Website: <http://www.pogs.org>

**APPLICATION FOR PROVISIONAL ACCREDITATION OF RESIDENCY TRAINING PROGRAMS
IN OBSTETRICS AND GYNECOLOGY (PARTP)**

() New Application () Repeat Application # _____ Date of Application: _____

Name of Hospital/Institution: _____

Address: _____

Application Fee Official Receipt No. _____ Date of Payment: _____

Type of Hospital: () General () Subspecialty () Government () Private

Total Bed Capacity: _____ Private beds: _____ Service beds: _____

	YES	NO	
Is the hospital Level IIA-accredited for service by POGS or Level IIB with at least 600 deliveries per annum (at least 50 deliveries per month with 200 abnormal cases per annum) and at least 80 gynecologic operations per annum?	attach certificate		Level: _____ Validity Period: _____
Is the hospital at least Level II accredited by DOH? (License to Operate)	attach certificate		Service Capability Level: _____ Validity Period: _____
Has the department complied with submission of PNSS reports for at least the past 2 years to POGS?	attach certificates		
Is the Department Chairman a fellow of POGS?			
Is the Department Residency Training Officer a fellow of POGS?			
Are there at least 3 board-certified consultants in the department?			Number. of Board-Certified Consultants: _____
Are 80% of the active staff consultants board-certified?			Percentage of Board-certified consultants: _____
Is the department Active Consultant:Resident ratio at least 1:3?			Active Consultant:Resident Ratio _____
Are there at least 1 to 3 residents who can be recruited for year 1?			Desirable but not necessary for PAP 0 but required for PAP 1
Does the OB-Gyn department have the following specialty/ subspecialties present and operational?			Hospital/Duration of Actual/Proposed Rotation
Pathology?			
Maternal-Fetal Medicine?			

OB-Gyn Ultrasound?			
Minimally Invasive Surgery?			

Average Daily Bed Census: OB _____ Gyn _____
 Ratio OB-GYN Service Beds: Projected Number of Residents _____
 Ratio Active Consultants: Projected Number of Residents _____
 Number of Active/Faculty/Full time Consultants/Consultants with appointments: _____
 Number of FPOGS Staff: _____ Number of DPOGS Staff: _____

4-Year Home Hospital Statistics:

ADMISSIONS/ PROCEDURES	YEAR 202__		YEAR 202__		YEAR 202__		YEAR 202__	
	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC
TOTAL ADMISSIONS								
TOTAL Deliveries								
Vaginal Deliveries								
Cesarean Section								
Major GYN operations								
TAH/BSO								
Adnexal Surgeries								
Minor GYN operations								

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

 SIGNATURE OVER PRINTED NAME
 TRAINING OFFICER, Dept. of OB-Gyn

Noted by:

 CHAIRMAN, Dept. of OB-Gyn

 (For PBOG use only)

Evaluated by:

 Chairman, Subcommittee on PARTP
 Philippine Board of Obstetrics and Gynecology

Recommendation: _____