

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 1 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 Scanned, computer-generated/enhanced, photocopied, cutout, and pictures without nametag are NOT accepted
MAIN HOSPITAL: _____ CLINIC ADDRESS: _____ SPECIALTY _____ GENERAL PRACTICE: <input type="checkbox"/> Private <input type="checkbox"/> Government SUBSPECIALTY _____	POGS REGION	

BIRTH DATE <small>(MM/DD/YY)</small>	CIVIL STATUS	GENDER <small>(F / M)</small>	CITIZENSHIP	PRC NUMBER						DATE OF LICENSURE					PMA NUMBER
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HOME NO.	CLINIC NO. (Main)
MOBILE NO.	EMAIL ADDRESS

MEDICAL SCHOOL ATTENDED:	YEAR GRADUATED
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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
 PHILIPPINEBOARD OF OBSTETRICS AND



 SIGNATURE OVER PRINTED NAME

PREVIOUS PBOG EXAMS TAKEN

	DATE	OUTCOME
PART 1 (WRITTEN)	_____	_____
	_____	_____
	_____	_____
PART 2 (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