PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY
PART 1 WRITTEN EXAMINATION REQUIREMENTS FOR FIRST APPLICATION

Arrangement of documents should follow the sequence below. Compilation should be book bound with soft cover. Prepare two (2) copies, one for PBOG and one receiving copy of the applicant. Use A4-size paper with a 2-inch margin on the left for binding.

Cover page	**Requirements for Part 1 Exam (New Application)** **Name of Applicant:** **Date of Submission:**	
General Table of Contents	List the items accordingly Page numbers are required on all the pages.	
Application Form	Completely filled out with the 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	
Certificates	Jurat Notarization (CORE requirement)	
	Photocopy of Certificate of Completion (for graduates of DOH Training Hospitals) or Diploma of Residency Training from the hospital	
	Certificate of Good Standing from PMA or its component society	
	Photocopy of valid PRC ID (at the time of application)	
	Photocopy of PBOG Certificate/s of Accreditation for Residency Training Program during the applicant's period of training *Resident should have completed four (4) years in an accredited training program. For newly accredited training programs and training programs that have been revoked/suspended, residents should have completed at least two (2) years under an accredited program prior to graduation	
	Certification from the Department Chair AND the Hospital/Medical Director, attesting to the authenticity of the cases/procedures submitted and compliance with the data privacy policy of the hospital. The certification should include a tabulation of all cases done and specify that the cases/procedures were admitted and performed by the applicant.	
	Certification from the Attending Physician/s of the cases submitted under Private Case (PC)	
	Certificate of Authenticity of Histopathology Reports	
	CREED Certification of Eligibility (at least three In Service Exams taken, with at least one taken on the 3rd or 4th year)	
	Certification from the Department Chair of one (1) Interesting Case Report and one (1) Research Paper done by the applicant during the residency training. Include the title of the paper, date of accomplishment and a copy of the abstract.	

<table>
<tr><td colspan="3">CASE REQUIREMENTS
Correct number is a CORE requirement.
Variety in indications and/or pathologies of the cases is a CORE requirement.
Cases should be done during residency training and within the FIVE (5) years prior to/before the application.</td></tr>
<tr><td>Obstetric Cases</td><td>Twenty-five (25) Obstetric Cases, consisting of:
-Primary low segment cesarean section
• Dystocia/Abnormal labor pattern (with partograph) – 2
• Non-reassuring fetal status (with CTG tracing) – 2
• Placental abnormalities – 2
• Fetal malpresentation (frank breech/footling breech/acromio-dorsoanterior) – 3
• Other indications (medical/obstetrical) - 3
-Classical cesarean section – 1
-Repeat low segment cesarean section (s/p 1 previous CS only) – 1
-Indicated cesarean section hysterectomy/Peripartum hysterectomy/ Hysterectomy with mole-in-situ – 1 *
-Tubal surgery for ectopic pregnancy – 3
-Indicated forceps or vacuum extraction – 3 *
-VBAC with assisted vaginal delivery – 1
-Suction curettage/Vaginal evacuation of H. mole – 1 *
-Vaginal breech delivery (with live fetus weighing at least 1.5 kg) - 1*
-Indicated manual extraction of the placenta - 1

Of the 25 cases, at least 13 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 12 private cases (PC) is allowed.

*Private Case (PC) is NOT allowed in the following cases:
1. Indicated Cesarean hysterectomy/Peripartum hysterectomy/Hysterectomy with mole-in-situ
2. Indicated forceps or vacuum extraction
3. Suction curettage/Vaginal evacuation of H. mole
4. Vaginal breech delivery</td><td></td></tr>
<tr><td>Gynecologic Cases</td><td>Seventeen (17) Gynecologic Cases, consisting of:
-Total abdominal hysterectomy with or without salpingectomy or salpingo-oophorectomy with the following indications:
• Myoma or Adenomyosis – 4
• Ovarian New Growth (benign or malignant) – 3
• Others - 1
-Abdominal myomectomy – 1 *
-Vaginal hysterectomy – 1 *</td><td></td></tr>
</table>

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<tr><td></td><td>-Adnexal surgery (7) in any combination of the following procedures:
• Oophorocystectomy – at least 2
• Salpingooophorectomy OR Oophorectomy – at least 1
• Salpingectomy (NOT for ectopic pregnancy) - optional

Of the 17 cases, at least 9 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 8 private cases (PC) is allowed.

*Private Case (PC) is NOT allowed in the following cases:
1. Abdominal Myomectomy
2. Vaginal Hysterectomy</td><td></td></tr>
<tr><td>Other Gynecologic Cases</td><td>Eight (8) Other Gynecologic Cases, consisting of any combination of procedures below:
• Diagnostic curettage or endometrial biopsy – max. 3
• Bartholin's cyst excision or marsupialization – max. 2
• Diagnostic hysteroscopic procedure – max. 2
• Biopsy of cervix, vagina or vulva – max. 2
• Excision of vaginal or vulvar lesion – max. 2
• Colporrhaphy – max. 2
• Interval bilateral tubal ligation/permanent sterilization – max. 2
• Excision/electrocautery of genital warts – max. 2
• Evacuation of vulvo-vaginal hematoma (with ligation of bleeders, non-puerperal) – max. 2
• Repair of genital tract lacerations (non-puerperal) – max. 2
• Endocervical polypectomy – max. 2
• Vaginal myomectomy – max. 2
• Hysterosalpingography – max. 2
• Hymenectomy/Hymenotomy – max. 1

Of the 8 cases, at least 4 should have been managed by the applicant as primary surgeon (Owned) and only a maximum of 4 private cases (PC) is allowed.</td><td></td></tr>
<tr><td colspan="3">TABULATION OF CASES/PROCEDURES
Font: ARIAL 12 pt, landscape view
Seven columns, with heading as follows:
1. Tally number, Patient's age and OB score, Date admitted, Date discharged, Hospital where procedure was done, Own or Private Case (PC)
2. Admitting Diagnosis
3. Pre-operative Diagnosis
4. Management, Operation/Procedure done, Anesthesia done, Date done
5. Justification for the management</td></tr>
</table>

6. Final Diagnosis
7. Patient/Maternal/Fetal Outcome/Histopathology result

SUPPORTING DOCUMENTS

Use Arial font 12, portrait view

Arrange following the sequence in the tabulation. Label correctly with the tally number in the tabulation (OB1, OB2, OB3 …)

-Operative Record- Must contain the same information as found in the hospital's operative record including the type of anesthesia used and duration of surgery.

-Operative Technique- Must include the intraoperative findings

-Friedman's Curve or Partogram for all dystocia and failed induction cases

-Cardiotocogram tracing for all non-reassuring fetal heart rate pattern cases. Use of NICHD/ACOG Classification is accepted until 2026. Beginning 2027, FIGO Classification should be used.

-Histopathology Report, if applicable- Must contain the same information as found in the hospital's histopathology report (gross and microscopic descriptions). This should be stamped as a Certified True Copy by the Records Section or Pathology Department and signed by the Medical Records Officer or Pathologist.

Compilation of supporting documents should follow the tabulation (OB, GYN and OTHERS)

DATA PRIVACY POLICY

Copies of the operative record and technique, partogram, cardiotocogram tracing and histopathology report SHOULD be anonymized. Submit these documents WITHOUT PATIENT IDENTIFIERS (such as name and case number).