

**PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC**



**PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY**

No. 56 Malakas Street, Diliman, Quezon City 1100

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**PART 2 ORAL EXAMINATION APPLICATION FORM**

**INSTRUCTIONS:**

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

<b>NAME (Family Name)</b>	<b>( First Name)</b>	<b>(Middle Name)</b>

<b>RESIDENCE / HOME ADDRESS</b> (No., Street, Brgy., Town, Municipality/ City, Province, Zipcode)	<b>REGION</b>	2 Passport size (1.5"x2") photo taken within 3 months with FULL nametag  4 Scanned, computer-generated / enhanced, photocopied, cutout, and pictures without nametag are not accepted
<b>MAIN HOSPITAL / CLINIC ADDRESS:</b> (No., Street, Brgy., Town, Municipality/ City, Province)  <b>SPECIALTY</b> _____ <b>GENERAL PRACTICE:</b> <input type="checkbox"/> Private <input type="checkbox"/> Government  <b>SUBSPECIALTY</b> _____	<b>POGS REGION</b>	

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

<b>MEDICAL SCHOOL ATTENDED:</b>	<b>YEAR GRADUATED</b>
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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 OBGYN/ Hospital Director	Regional Director
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<b>FELLOWSHIP TRAINING:</b>	<b>YEAR GRADUATED</b>
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Name of Institution	Subspecialty	from	to	Date started	Date Ended
Name of Institution	Subspecialty	from	to	Date started	Date Ended

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

CONVENTION ( LOCAL )	PLACE	DATE	CME UNITS

**TEACHING POSITIONS:**

PRESENT POSITION	SCHOOL	DATE

**MEDICAL SOCIETY MEMBERSHIP**

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

**PROPOSED BY 3 POGS FELLOWS:**  
**NAME**

**SIGNATURE**

**INSTITUTION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I respectfully apply for certification as **DIPLOMATE**  
 in **OBSTETRICS AND GYNECOLOGY** by the **PHILIPPINE**  
**BOARD OF OBSTETRICS AND GYNECOLOGY**



\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME

**EXAMINATION TAKEN:**

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,  
 processing my personal information data for the purposes as 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**