

<b>PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY</b> <b>PART 2 ORAL EXAMINATION REQUIREMENTS FOR FIRST APPLICATION</b>		
<i>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.</i>		
<b>Cover page</b>	<b>Requirements for Part 2 Exam (New Application)</b> <b>Name of Applicant:</b> <b>Date of Submission:</b>	
<b>General Table of Contents</b>	List the items accordingly Page numbers are required on all the pages.	
<b>Application Form</b>	Completely filled out with the most recent photo and signed by (a) Applicant (b) Regional Director EXCEPT NCR Regional Director and (c) three active POGS Fellows endorsing the applicant	
<b>Certificates</b>	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	
	Certificate of POGS Junior Membership (must be within the validity period of 5 years)	
	Photocopy of valid PRC ID (at the time of application)	
	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 within 2 years from submission.	
	Certificate of Authenticity of Histopathology Reports	
<b>CASE REQUIREMENTS</b> Correct number is a <b>CORE requirement</b> . Variety in indications and/or pathologies of the cases is a <b>CORE requirement</b> . Cases should be <b>done after residency training and within TWO (2) years prior to/before the application</b> . Applicant should be the <b>primary surgeon</b> . Cases done during deployment or fellowship training are acceptable		
<b>Major Cases</b>	Ten (10) MAJOR OB-GYN cases consisting of: <ul style="list-style-type: none"> <li>• Six (6) Obstetric cases</li> <li>• Four (4) Gynecologic cases</li> </ul>	
<b>Minor Cases</b>	Ten (10) MINOR OB-GYN cases consisting of: <ul style="list-style-type: none"> <li>• Five (5) Obstetric cases</li> <li>• Five (5) Gynecologic cases</li> </ul>	
<b>TABULATION OF CASES/PROCEDURES</b> 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
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)

### **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).