

**Philippine Society for Microbiology and Infectious Diseases, Inc.
#116 9th Avenue, Cubao, Quezon City**

REGULAR MEMBERSHIP APPLICATION FORM

NAME: _____ AGE: _____ SEX: _____ CIVIL STATUS: _____
HOME ADDRESS: _____ TEL. NO. _____
CELL PHONE NO. _____
CLINICAL ADDRESS: _____ TEL. NO. _____
FAX NO. _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____ NATIONALITY: _____

ACADEMIC DEGREE	UNIVERSITY / INSTITUTION	YEAR GRADUATED
Medical Degree	_____	_____
Internship	_____	_____
Residency (state specialty)	_____	_____
_____	_____	_____
Post Residency Training	_____	_____
_____	_____	_____
_____	_____	_____

LICENSURE EXAMINATION	YEAR PASSED
_____	_____

PRESENT POSTIONS

ACADEMIC HONORS, RESEARCH FELLOWSHIP, AWARDS (include dates)

MEMBERSHIP IN PROFFESIONAL MEDICAL ORGANIZATIONS
(Indicate if present or past officer, dates)

LIST OF RESEARCH WORKS (PUBLISHED): (Include authors/titles, name of publication, year, volume, pages. Use additional sheet if necessary).

- CHECKLIST OF REQUIREMENTS:***
- 2" x 2" picture
 - Photocopy of PRC ID card / PMA ID
 - Certificate of Postgraduate Residency Training in Internal Medicine, Pediatrics, Family Medicine, Pathology or Microbiology, Obstetrics and Gynecology
 - Certificate of at least 2 years Post-Residency Fellowship Training in Microbiology and Infectious Diseases in a program accredited by PSMID
 - Certificate of Associate Member, PSMID

***PAPERS WITH INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.**

2 X 2
PICTURE

Signature of Applicant

PRC REGISTRATION: Number _____
Date issued _____

PMA No. _____
Date issued _____

ENDORSEMENTS:

PRINTED NAME AND SIGNATURE
SECTION CHIEF

PRINTED NAME AND SIGNATURE
SECTION TRAINING OFFICER

FOR PSMID USE ONLY

DATE OF APPLICATION: _____
RECEIVED BY: _____

O.R. NO. _____
AMOUNT PAID _____

- () Approved for Membership
- () Disapproved. For further evaluation

Remarks: _____

Chairman, Committee on Membership

Date

