

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

**APPLICATION FORM
SPECIALTY BOARD EXAMINATION**

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: _____

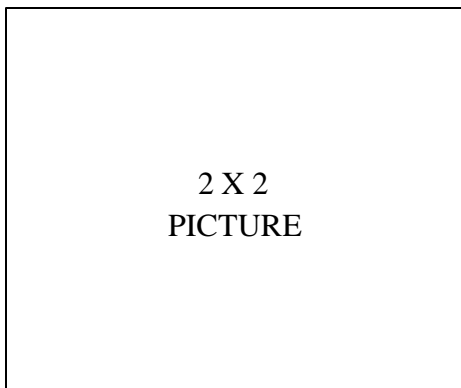
ACADEMIC DEGREE	UNIVERSITY / INSTITUTION	INCLUSIVE DATES OF TRAINING
Medical Degree	_____	_____
Internship	_____	_____
Residency (state specialty)	_____	_____
_____	_____	_____
Infectious Disease Fellowship	_____	_____
_____	_____	_____

CHECKLIST OF REQUIREMENTS:*

- 2" x 2" picture
- Photocopy of PRC ID card
- 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 Regular Member, PSMID

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

PRC REGISTRATION: Number _____ PMA No. _____
 Date issued _____ Date issued _____



I am applying and taking this examination on a voluntary basis and I pledge to abide by the decision of the PSBMID on all matters related to this examination. I hereby acknowledge that all examination materials and papers are highly confidential and I recognize PSMID's discretionary authority to withhold the same. Hence, I release, waive and/or quitclaim all rights, demands, or causes of action, past, present or future, against PSMID and PSBMID, including those which may entitle me to obtain these documents or copies thereof.

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 _____