



PHILIPPINE SOCIETY FOR PEDIATRIC RADIOLOGY

APPLICATION FORM FOR CERTIFYING EXAMINATION BY THE PHILIPPINE BOARD OF PEDIATRIC RADIOLOGY

NOTE: Kindly fill-up form as completely as possible. Please print and write legibly, if handwritten. No abbreviations please. Fill-up with "N/A" if item is not applicable.

Please insert clear
2x2 ID picture
(white background)

COMPLETE NAME OF APPLICANT: (Last, First, Middle)			
DATE OF BIRTH:	/ /		
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
APPLICATION DATE: (mm/dd/yyyy)	TYPE OF APPLICATION (Please check one): <input type="checkbox"/> First <input type="checkbox"/> Retake	If for retake, number of prior retakes: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four Date of last retake: / /	
CONTACT NO/S:		EMAIL:	
PRC LICENSE NO.:		VALID UNTIL:	/ /
COMPLETE NAME OF HOSPITAL/INSTITUTION WHERE TRAINING WAS CONDUCTED:			
NAME OF INSTITUTION/DEPARTMENT HEAD:			
NAME OF PROGRAM/TRAINING DIRECTOR:			
REQUIREMENTS SUBMITTED FOR APPLICATION All documents should be in soft copies (preferably in PDF or image file such as jpeg) and must be sent as attachments in one (1) email to pspr.pbpr@gmail.com, with the name of institution as the email subject. A confirmation email/acknowledgement receipt will be sent once documents are received. Incomplete documents will not be processed and automatically rejected. Correspondences regarding queries and concerns with the Philippine Board of Pediatric Radiology will be through the email address above.			
<input type="checkbox"/> Completed application form		<input type="checkbox"/> Processing and Examination fee (Php 3,000) - proof of payment/deposit slip	
<input type="checkbox"/> Certificate of good standing from the Philippine College of Radiology (PCR)		<input type="checkbox"/> Others (Please specify): _____	
<input type="checkbox"/> Certificate/Letter from hospital/institution where training was done stating completion of training			
<i>I hereby certify that all the above information and submitted documents are true to the best of my knowledge and that I am fully aware that any false information or statement in this application shall render me liable for any administrative sanction and disapproval in taking the examination.</i>			
APPLICANT'S SIGNATURE OVER PRINTED NAME		DATE SIGNED	
DO NOT FILL-IN BELOW. FOR OFFICIAL USE ONLY			
APPLICANT NUMBER:	_____ - _____	RECEIVED BY:	
DATE RECEIVED:	/ /		