

## APPLICATION TO TAKE THE PSHBT BOARD EXAMINATION

## A. PERSONAL INFORMATION

<b>INSTRUCTIONS: Complete this form. Do not leave any item blank. Write NA if not applicable.</b>			
1. Application for (Check one) 1.1 <b>DIPLOMATE</b> <input type="checkbox"/> <input type="checkbox"/> Written and practical <input type="checkbox"/> Practical only <input type="checkbox"/> Written only  1.2 <b>FELLOW</b> <input type="checkbox"/> (Year when Diplomate status was conferred _____)			
2. <b>NAME (Last, First, Middle)</b>		3. <b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	4. <b>Civil Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widow
5. <b>PRESENT ADDRESS (House no., street, Barangay, City, Zip code)</b>		6. <b>CONTACT NUMBERS</b>	7. <b>EMAIL</b>
		6A. HOME	
6B. MOBILE		8. <b>DATE OF BIRTH (mm/dd/year)</b>	9. <b>AGE</b>
		10. <b>NATIONALITY</b>	11. <b>RELIGION</b>

## B. TRAINING INFORMATION (You may use the back page if space is not enough)

12. <b>NAME OF INSTITUTION</b>	13. <b>ADDRESS</b>

## C. RESEARCH PAPERS COMPLETED (You may use the back page if space is not enough)

14. <b>TITLE</b> (Please indicate if <b>CR/CS</b> (case report/series), <b>R/M</b> (retrospective/meta-analysis), <b>P</b> (prospective))	15. <b>INDICATE</b> whether <b>MA</b> (main author), <b>CoA</b> (co-author) <b>AND DATE/YEAR COMPLETED</b>	16. <b>REMARKS</b> (Please indicate if <b>P</b> (presented to convention, scientific forum, etc.), <b>PB</b> (published), <b>UPB</b> (unpublished))

## D. LICENSURE, CERTIFICATION, SPECIALTY BOARD

17. <b>CERTIFICATION/LICENSE TITLE</b>	18. <b>SPECIALTY BOARD CATEGORY (PPS, PCP)</b>	19. <b>DATE CONFERRED/EXPIRATION DATE</b>

NAME (Last, First, Middle) \_\_\_\_\_

**REQUIREMENTS FOR SUBMISSION:** (Photocopy of the documents is to be presented to and checked by the Secretariat for completeness. **NO** final approval to take the examination shall be given to candidate with **incomplete** requirements. **ORIGINAL DOCUMENTS** are needed to validate authenticity of documents.)

- 2 pcs. 2x2 Picture
- Updated PRC card
- Certificate of Residency training
- Certificate as Diplomate/Fellow from specialty board (PPS, PCP)
- Certificate of completion of Hematology Fellowship training
  - Local (Specify: \_\_\_\_\_ )
  - International (Specify: \_\_\_\_\_ )
- Additional Requirements for those trained abroad:\*\*
  - Proof that institution is duly accredited by the society in the country of origin
  - Training program
- Completed application form
- Letter of intent addressed to the Chair of \_\_\_\_\_ (?PBHBT)
- Copy of completed research papers
  - Case report/series
  - Retrospective/meta-analysis
  - Prospective
- Two (2) letters of recommendation, at least one (1) from the Section Head of the training institution from which the program was completed, and one (1) from a Fellow of PSHBT.
- Curriculum vitae
- Signed waiver
- Payment of processing fee (P \_\_\_\_\_ )

*\*\* For those trained abroad, submission of copy of the training program and proof that the training institution is duly accredited by the Hematology Society in the country of origin shall be required. Such documents shall be reviewed by the Committee **on Accreditation (?)** \_\_\_\_\_ of verification for authenticity and compatibility with local training requirements. Approval and acceptance of the candidate to take the examination shall be made based on the consensus by the committee members.*

**NO LATE APPLICATION SHALL BE PROCESSED.** All documents shall be placed in a long folder and submitted to PSHBT secretariat.

Dated Submitted (mm/dd/year) \_\_\_\_\_

- Original documents presented
- Complete requirements
- Received by: \_\_\_\_\_  
Signature over printed name/title

- Approved to take the examination: \_\_\_\_\_  
Signature over printed name/title