



PHILIPPINE ACADEMY OF MEDICAL SPECIALISTS, INC

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APPLICATION FOR DIPLOMATE EXAMINATION

Name			Age	Sex	Civil Status
Surname	First Name	Middle Name			
Residence Address				Telephone Number	
Office/Clinic Address				Telephone Number	
PRC Number		PMA Number		Mobile Phone Number	
Specialty			email address		

ACADEMIC DEGREES	UNIVERSITY/INSTITUTION	YEAR GRADUATED

INTERNSHIP	INSTITUTION	YEAR COMPLETED

RESIDENCY TRAINING	INSTITUTION	INCLUSIVE DATES

POST-RESIDENCY TRAINING	INSTITUTION	YEAR COMPLETED

LICENSURE EXAMINATIONS*	YEAR PASSED

PRESENT POSITIONS	INSTITUTION/ORGANIZATION

*Use additional sheets if necessary

HOSPITAL AFFILIATION/S	

PAMS MIDYEAR CONVENTION/S ATTENDED	PAMS ANNUAL CONVENTION/S ATTENDED

ACADEMIC HONORS, RESEARCH FELLOWSHIPS, AWARDS	YEAR RECEIVED

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS (Indicate if present or past officer)

LIST OF RESEARCH WORKS/PUBLICATIONS (Include titles, authors, year of publication, volume, pages)

REFERENCES

PAMS MEMBER SINCE	APPLICANT'S SIGNATURE	DATE
	Signature over printed name	

EXAMINATION FEE: THREE THOUSAND FIVE HUNDRED PESOS (P3, 500.00)

BELOW THIS LINE FOR PAMS USE ONLY

Approved Date _____

Disapproved Date _____

Remarks _____

Chairman, PAMS Specialty Board Examination