



# PHILIPPINE ACADEMY OF MEDICAL SPECIALISTS, INC.

Penthouse-B 6<sup>th</sup> Flr. DSL Bldg., 380 Del Monte Ave., San Francisco Del Monte, Quezon City

Contact Nos.: (02)414-5582 / 0922-8498552 / 0917-6256119 / 0999-8861402

E-mail: [pamssecretariat@yahoo.com](mailto:pamssecretariat@yahoo.com)



## NOMINATION FORM

Name of Candidate:

\*FIRST: \_\_\_\_\_ \*SURNAME: \_\_\_\_\_ \*MIDDLE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_

Local Chapter (write N/A if none): \_\_\_\_\_

Discipline/Specialty: \_\_\_\_\_ PRC Lic#: \_\_\_\_\_

Cell Phones : \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Residence: \_\_\_\_\_

\_\_\_\_\_ Tel#: \_\_\_\_\_

Clinic/Office Address: \_\_\_\_\_

\_\_\_\_\_ Tel#: \_\_\_\_\_

PAMS Position/s Held (*local or national*):

\_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_

Special Awards & Recognitions given by PAMS (except Diplomate/Fellow Certification and hierarchy positions)

Name of Award	Place Received	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Background:

	Degree	Institution	Year Graduated
1. Elementary	_____	_____	_____
2. High School	_____	_____	_____
3. College	_____	_____	_____
4. Medicine	_____	_____	_____

Residency or In Service Training Program:

	Specialty	Institution	Inclusive Date
1.	_____	_____	to _____
2.	_____	_____	to _____
3.	_____	_____	to _____

Post Graduate Courses/Fellowships:

	Course	Institution	Inclusive Date
1.	_____	_____	to _____
2.	_____	_____	to _____
3.	_____	_____	to _____

Work Experience:

	Position	Institution	Inclusive Date
1.	_____	_____	to _____
2.	_____	_____	to _____
3.	_____	_____	to _____

**NOMINEE'S CONSENT AND DECLARATION**

I, the undersigned, accept the nomination as a candidate for the position of \_\_\_\_\_.

I hereby certify that the information contained in my biographical sketch is true and correct and knowledge that, if proven otherwise, it could result in the disqualification of my candidacy.

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_