



Philippine Society of General Surgeons, Inc.

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REQUIREMENTS FOR ELIGIBILITY

I. DOCUMENTS TO BE SUBMITTED

1. **COMPLETELY FILLED OUT EVALUATION FORM (PSGS Eligibility Form 1)**
2. **TABULATION OF ALL OPERATIONS DONE DURING RESIDENCY**, operations assisted, performed under supervision and operations performed independently (**PSGS Eligibility Form 2**).

COLUMN 1: Operations assisted - The resident assumes the role of **1st assist** in operations performed by the consultants and senior residents in the different rotations of each year level.

COLUMN 2: Operations performed under supervision - The resident performs the operations or major portions of the operation under direct supervision of a consultant (private or charity). These are the first few cases that the resident gets to personally handle, usually done during the early stages of his/her rotation in a particular service.

COLUMN 3: Operations performed independently - The resident performs the operations with a high degree of competence and skill, even without direct supervision from consultants. These usually follow after a number of operations have already been performed under supervision.

3. **OPERATIVE EXPERIENCE (PSGS Eligibility Form 3)**: List of at least 100 or more major operative procedures performed as SURGEON, during residency training duly **CERTIFIED BY THE DEPARTMENT CHAIRMAN** indicating the date of procedure, name of patient, age, sex, post-op/pre-op diagnosis surgical procedure; name of surgeon and assistants; patient outcome and complete histopath results including case number and histopath number, status of LN, pathologic stage. Attach copy of official histopath result for procedures with lymphadenectomy. Please include the address of hospital for verification. The Board reserves the right to conduct visits to verify the cases submitted.

NOTE: Dishonesty in reporting of operative experience or tabulation of operations is a ground for denial of the person's application for PSGS Certificate of Eligibility to take the PBS Certifying Examinations.

4. **LETTERS OF RECOMMENDATION** from the **Department Chair AND Training Officer** attesting to the applicant's good moral, ethical and professional conduct.
5. **CERTIFIED TRUE COPY** of the original certificate of completion of residency training from a PSGS accredited residency training program signed by the hospital representative (e.g. Medical Director, Chief of Clinics, Administrator or Chief of Hospital).
6. Copy of the certificate of completion of the PSGS MIS HOL
7. Photocopy of the PSGS Certificate of Accreditation of the Training Program **DURING** the **ENTIRE** residency training.
8. Submit the application form and other requirements on or before **FEBRUARY 28, 2025** at the PSGS office, 3/F PCS Bldg., 992 EDSA, Quezon City. Please print on a Legal-Size paper (or Long Bond Paper), Times New Roman Font.
9. Submit digital copy (**ONE PDF FILE ONLY, Copy of Histopath may be in a separate pdf file**) of the application form and other requirements thru email at **psgs.secretariat@gmail.com**.
10. Application Fee – Php 3,000.00
11. Re application fee – 1,500.00

For interbank/online payment: BANCO DE ORO (SM CITY 1 Branch) (BDO UNIBANK)
Account Name: Philippine Society of General Surgeons, Inc. (PSGS, Inc.)
Account Number: 000 250 357 283
*Kindly email copy of the deposit slip and details for payment at psgs.secretariat@gmail.com

II. OTHER REQUIREMENTS are stated in *Appendix 4 - Guidelines and Criteria for Eligibility to take the Certifying Examinations in General Surgery of the PSGS 2023 GUIDELINES for ACCREDITATION OF RESIDENCY TRAINING PROGRAMS IN GENERAL SURGERY*

*****INCOMPLETE DOCUMENTS AND REQUIREMENTS WILL NOT BE ACCEPTED**

CONFORMITY:

I am applying for the PSGS Certificate of Eligibility to take the PBS Certifying Examinations on a voluntary basis and I pledge to abide by the decision of the PSGS on this matter.

Printed Name and Signature of Applicant

Date

*****PLEASE INCLUDE THIS PAGE UPON SUBMISSION OF THE REQUIREMENTS*****