



Philippine Society of General Surgeons, Inc.

"A subspecialty society of the Philippine College of Surgeons recognized by the Philippine Medical Association"

REQUIREMENTS FOR PSGS ASSOCIATE MEMBERSHIP

1. Letter of Application
2. Completely filled up application form
3. Certified true copy of the Philippine Board of Surgery Certificate
4. Three (3) 2" x 2" ID pictures (colored with white background, formal attire)
5. Processing fee of the amount set by the PSGS Board of Directors (non-refundable)
6. Letter of Recommendation from at least two (2) Fellows in good standing from the Chapter that the applicant wishes to join, attesting to good moral character and high ethical and professional standing in the community.
7. Notarized signed waiver
8. There must be two (2) sets of all requirements submitted to the PSGS National:
 - a. One (1) set of requirements, hard copy, submitted to the PSGS Office, 3rd floor PCS Bldg., 992 EDSA, Quezon City
 - b. One (1) set of requirements, digital copy, sent to the PSGS email address psgs.secretariat@gmail.com

Additional Requirements **IF NOT YET A JUNIOR MEMBER:**

9. Certified true copy of Medical School Diploma
10. Certified true copy of Medical Board Certificate and updated PRC ID
11. Certified true copy of Certificate of Residency in an accredited General Surgery training program. The applicant must have spent the entire duration of his prescribed period of training in a PSGS-accredited training program/s.

Any applicant for Fellowship lacking one or more of the requirements listed in the checklist shall be included in the category of Associate Member.

ASSOCIATE MEMBERS are encouraged to join Chapter activities and attend PSGS National activities.

DEADLINE: JUNE 15



Philippine Society of General Surgeons, Inc.

3RD FLOOR, PCS BUILDING, 992 EDSA, QUEZON CITY, PHILIPPINES

Email Address: psgs.secretariat@gmail.com

Mobile Number: +63 917-816-6235

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Name: _____ Status: _____

Date of Birth: _____ Sex: _____

Home Address: _____

Telephone Number: _____

Email Address: _____

Cellphone Number: _____

Office Address: _____

Telephone Number: _____

EDUCATION

Medical School: _____ Year: _____

Residency Training: _____ Year: _____

Fellowship Training: _____ Year: _____

LICENSURE:

Medical License No.: _____ Year: _____

Specialty Board: _____ Year: _____

PCS Fellowship No.: _____ Year: _____

HOSPITAL AFFILIATIONS:

ACADEMIC APPOINTMENTS:

REFERENCES:

1. _____ 2. _____

3. _____ 4. _____

PRIOR CONVICTION OR PENDING CRIMINAL, CIVIL OR ADMINISTRATIVE CASES:

DECLARATION:

The information provided in this application is complete and true to the best of my knowledge.

SIGNATURE: _____

DATE: _____

WAIVER and QUIT CLAIM

I, _____ M.D., of legal age, Filipino
and with residential address at _____
_____ hereby declare as follows:

1. That I have freely applied for membership in the Philippine Society of General Surgeons and paid the required application fee:
2. That I have willingly submitted my application for evaluation by the Board of Directors of the Philippine Society of General Surgeons based on the criteria or standard set forth by it pertaining to qualifications and moral and ethical considerations.
3. That I do not have a prior conviction or pending criminal, civil, or administrative cases that might compromise my application for membership.
4. That I agree to respect and abide by the decision of the Board of Directors of the Philippine Society of General Surgeons and hereby waive and quit any claim against them in regard their decision.

Applicant's Signature over Printed Name

Date _____

SUBSCRIBED AND SWORN to before me this _____
at _____, Affiant exhibiting to me his Community Tax
Certificate No. _____ issued on _____, at
_____.

Notary Public