



# Philippine Society of General Surgeons, Inc.

3<sup>rd</sup> FLOOR PCS BUILDING, 992 EDSA QUEZON CITY  
 Telephone (63 2) 8 671 2004 / 0917 802 2903 / 0918 908 1795  
 www.psgs.org.ph Email: psgs.secretariat@gmail.com

## PSGS EVALUATION FORM FOR ELIGIBILITY

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Residence / Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Physician's Licensure Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

**2x2 PHOTO**  
 (with name tag)  
 white background

PRE-MEDICAL EDUCATION:	SCHOOL	DEGREE	YEAR GRADUATED		HONORS	
MEDICAL EDUCATION:	SCHOOL	DEGREE	YEAR GRADUATED		HONORS	
INTERNSHIP	HOSPITAL		PERIOD			
TRAINING PERIOD MM/DD/YY-MM/DD/YY	HOSPITAL	TRAINING OFFICER / DEPARTMENT CHAIR	CERES GRADE ABOVE MPL		RITE TAKEN	
			YES	NO	YES	NO
1 <sup>st</sup> Year □□ - □□ - □□ □□ - □□ - □□			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Year □□ - □□ - □□ □□ - □□ - □□			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> Year □□ - □□ - □□ □□ - □□ - □□			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 <sup>th</sup> Year <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <sup>th</sup> Year <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: IF TWO OR MORE HOSPITALS ARE INVOLVED, PLEASE INCLUDE**

**CERTIFIED CORRECT:**

\_\_\_\_\_  
**APPLICANT**  
Printed Name and Signature

\_\_\_\_\_  
**TRAINING OFFICER**  
Printed Name and Signature

\_\_\_\_\_  
**DEPARTMENT CHAIR**  
Printed Name and Signature

**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

**FOR COMMITTEE'S REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:**

**ENDORSED**

**DENIED**

**EVALUATED BY:** \_\_\_\_\_

**CONFIRMED BY:** \_\_\_\_\_

**REASON FOR DENIAL:**

\_\_\_\_\_