

Photo

Application Form for Fellow

Curriculum Vitae

Personal Details			
Last name			
First name			
Mailing address			
Clinic address			
Telephone:			
Cellphone			
E-Mail:			
Civil status			
Date of Birth			
Nationality			
Languages			
Relevant licenses			
License/Diplomate	Date Issued	Expiration	
PRC			
PMA			
POGS			
Subspecialty organization			
OTHERS:			
Educational Qualifications			
Degree/Diploma	University	Year Graduated	Awards
1. College			
2. Medical School			
3. Residency			
4. Fellowship			
List training in Minimally Invasive Surgery in Gynecology			
Course Title/Description	Institution	Inclusive dates	
Endorsements and References (attach letter of recommendation from a minimum of 3, preferably first 3 in the list)			
Organization	Name	Mailing Address	Contact Number
Fellow of PSGE			
Chair of Department			
Professional Society			
Others:			
Hospital Director			
Local Medical Society			

Declaration of History as a Medical Professional		
		Yes or No
I have no current or previously successful challenge to my professional license.		
I have not been subject to involuntary termination of medical staff membership at another organization.		
I have not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges in any hospital or facility.		
I have no past or pending investigative proceedings by any legal entity or professional society related to the practice of my profession.		
Professional Affiliations and Memberships		
Organization	Inclusive Years	Positions Held
Honours, Awards and Recognitions		
Award	Organization	Year
Other Qualifications and Certifications		
Personal Strengths & Profile		
<u>Personal Skills</u>		
<u>Aptitudes</u>		
<u>Personal values</u>		
Additional Information available on request		
<ul style="list-style-type: none"> • References • Credentials to support the claims made in this CV(e.g., Details of specific work experiences, certificates etc) 		