

*Staple remaining 6 pictures to be used for EXAM ID CARD AND ORAL EXAM



ULTRASOUND SOCIETY OF THE PHILIPPINES

Units 807 & 809 Future Point Plaza1, 112 Panay Avenue, South Triangle, Quezon City

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Website: www.ultrasoundsocietyofthephilippines.org.ph

email: usp.org2014@yahoo.com.ph, philsonologist2014@gmail.com

Attach a 2 x 2
sized colored ID
picture w/
name typed at
the bottom

APPLICATION FORM FOR EXAMINATION

_____ Surname	_____ First Name	_____ Middle Name	
_____ Sex	_____ Date of Birth	_____ Civil Status	
_____ Mailing Address			
_____ Tel. No.	_____ Cell Phone	_____ Fax	_____ E-mail

Name, Address and Contact Number of current Hospital /Clinics/Place of Practice; if in training, place Training Hospital:

DIAGNOSTIC ULTRASOUND TRAINING:

Name and Address of Institution

Inclusive Dates

Year Inducted as DIPLOMATE of the PCR

Year Inducted as FELLOW of the PCR

IS THIS THE FIRST TIME THAT YOU WILL BE TAKING THE FUSP WRITTEN EXAM? _____

IF THE ANSWER IS NO, INDICATE THE NUMBER OF TIMES AND YEARS _____

IS THIS THE FIRST TIME THAT YOU WILL BE TAKING THE FUSP ORAL EXAM? _____

IF THE ANSWER IS NO INDICATE THE NUMBER OF TIMES AND YEARS _____

I hereby certify that all the statements above are correct and true.

Signature over Printed Name of Applicant

Date

Endorsed by:

**Signature over Printed Name of
Department Chairman of Training Institution
and Date Signed**

**Signature over Printed Name of
Department of Training Officer of Training Institution
and Date Signed**

NOTE: The training officer must be a certified FELLOW of the UI