

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



ULTRASOUND SOCIETY OF THE PHILIPPINES

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Website: www.ultrasoundsofthephilippines.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

2017

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 of 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
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Endorsed by:

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

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

NOTE: The training officer must be a certified FELLOW of the Ultrasound Society of the Philippines