



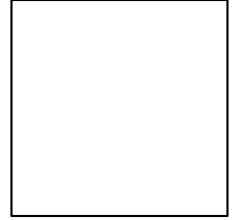
ULTRASOUND SOCIETY OF THE PHILIPPINES

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2019

APPLICATION FORM FOR EXAMINATION

_____	_____	_____
Surname	First Name	Middle Name
_____	_____	_____
Sex	Date of Birth	Civil Status

Mailing Address		
_____	_____	_____
Tel. No.	Mobile Number	E-mail Address

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

ULTRASOUND FELLOWSHIP 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 written exam? _____

If the answer is no, indicate the number of times and year/s taken _____

Is this the first time that you will be taking the oral exam? _____

If the answer is no, indicate the number of times and year/s taken _____

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

I HEREBY CERTIFY that the information and/or statements in this application including the documents submitted in support thereof are all true and correct to my own knowledge, and that I am fully aware that any false information or statement in this application and/or in the attachments thereto shall automatically invalidate the result of my examination and shall also render me liable for criminal prosecution and /or administrative sanction such as, but not limited to, dropping from the rolls of the Philippine College of Radiology.

Applicant's Signature

Date Accomplished

PRC ID card number: _____ Date Issued: _____

Subscribed and sworn to me before this _____ day of _____ 20 ____ at _____. Affiant applicant exhibited to me the above stated PRC ID card.