

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



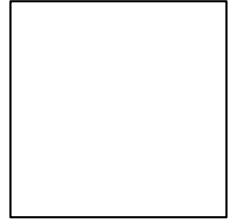
ULTRASOUND SOCIETY OF THE PHILIPPINES

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2018

APPLICATION FORM FOR EXAMINATION

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

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
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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 _____

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 render me liable for criminal prosecution and /or administrative sanction.

Applicant's Signature

Date Accomplished

PRC ID card number: _____ Date Issued: _____

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