



ULTRASOUND SOCIETY OF THE PHILIPPINES

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

2x2 photo

PHILIPPINE BOARD OF ULTRASOUND 2024

APPLICATION FORM FOR EXAMINATION

Surname

First Name

Middle Name

Sex

Date of Birth

Civil Status

Mailing Address

Tel. No.

Mobile and Viber 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 Ultrasound
Fellow Training Officer of Training Institution
and Date Signed**

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