

**DOCUMENTATION REQUIREMENTS FOR  
APPLICATION TO TAKE THE PCP CERTIFYING EXAMINATIONS  
FOR DIPLOMATE IN INTERNAL MEDICINE**

**(WRITTEN EXAMINATION)**

**C H E C K L I S T**  
*(For Applicant Use)*

**IMPORTANT :**

1. All requirements must be **SUBMITTED COMPLETELY** not later than **01 December 2010, Wednesday.**
2. Incomplete applications will not be accepted. ***Current and updated application forms must be used.***
3. ***The Oral application form is applicable to those who are taking ONLY the oral exam.***
4. Applications sent by mail should be postmarked not later than **31 October 2010.**
5. **Fax Transmittal/E-mailed applications will not be accepted.**

Please check the following requirements before submitting your application to take the Written Certifying Examinations:

1. Certificate of Affiliate Membership (photocopy)
2. Certificate of Medical Residency Training signed by the Department Chairman (photocopy)  
A certification duly signed by the Department Chairman may temporarily take the place of the CERTIFICATE. However the certificate of satisfactory completion of residency training should be submitted not later than **16 January 2011.**
3. ***For the 2004 written examinations and thereafter, all graduates of residency training programs in Internal Medicine in PCP-accredited hospitals must submit a certificate of having passed the oral examinations conducted by a PCP-accredited hospital. (amended Sept 10, 2003)***
4. Certificate of Endorsement from Two PCP Fellows  
(Write names of endorsing Fellows and submit **separate signed endorsement letters**)
  - 1.
  - 2.
5. Two copies of passport-size picture (1.5" x 1.5")
6. Payment of membership dues
7. Completed Application Form
8. Examination and Processing Fees

Written Examination - P4,000.00

Payments may be made by cash, check or bank transfer. Checks and bank transfers should be made payable to the :

**PHILIPPINE COLLEGE OF PHYSICIANS** (PNB Ortigas Account No. 388-780-700-037)  
***Please notify PCP Secretariat of bank transfer transactions by sending thru email the scanned deposit slip (signify your name and amount of payment) at secretariat@pcp.org.ph.***



**POSTGRADUATE STUDIES**

RESIDENCY IN INTERNAL MEDICINE	INSTITUTION	DATE (Month & Year)
Year Level 1	_____	_____
Year Level 2	_____	_____
Year Level 3	_____	_____
	_____	_____

**Certification of Completion of Medical Residency Training by Department Chairman or Training Officer**

**IMPORTANT NOTICE:**

Should there be any change in the examinee's qualifications which would affect his/her eligibility to take the written examination, it is the responsibility of BOTH the examinee and the Training Institution to inform the PSBIM of the deficiency leading to the inability to qualify for the written examination. In these cases, the examinee must make the proper withdrawal from the examination in accordance with the policies concerning examination fees in order to credit his/her payment to a subsequent examination.

The PSBIM reserves the right to disqualify from or nullify the examination of any examinee who is found to be deficient in his/her qualifications to take the written examination.



_____ <b>Chairman / Training Officer</b> Signature over Printed Name	<b>Title / Institution</b>	<b>Date</b>
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SUBSPECIALTY / FELLOWSHIP TRAINING IN	INSTITUTION	DATE (Month & Year)
_____	_____	_____
_____	_____	_____

**PCP-RELATED ACTIVITIES**

A. Date Inducted as Affiliate Member (formerly Associate Fellow) \_\_\_\_\_

B. Annual PCP Residents-In-Training Examinations (RITE)

	DATE	Rating (For PCP Use Only)
Year Level 1	_____	_____
Year Level 2	_____	_____
Year Level 3	_____	_____

C. Participation in other PCP Activities (as Resident presenter, case discussant, case moderator or presenter in convention free communication sessions) after induction as Affiliate Members.

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**PUBLICATIONS :**

TITLE	PUBLICATION	VOL. NO. (DATE)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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**ABSTRACTS AND/OR REPRINTS ALREADY SUBMITTED TO PCP SECRETARIAT :  
(SUBJECT TO PCP VERIFICATION)**

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**OTHER PAPERS PRESENTED BUT UNPUBLISHED :**

TITLE	WHEN / WHERE PRESENTED
<hr/>	<hr/>
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**OTHER PROFESSIONAL AFFILIATIONS :**

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**HONORS, PRIZES WON, AWARDS :**

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**ENDORSEMENT BY TWO (2) PCP FELLOWS : (MUST BE SIGNED)  
*With separate signed endorsement letters***

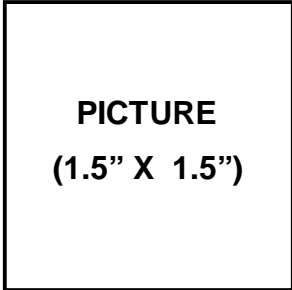
	NAME	SIGNATURE	DATE
1.	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>

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PRC REGISTRATION :

NUMBER \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_  
EXPIRY DATE \_\_\_\_\_



*I am applying and taking this examination on a voluntary basis and I pledge to abide by the decision of the PCP and PSBIM on all matters related to this examination. I hereby acknowledge that all examination materials and papers are highly confidential and I recognize Philippine College of Physicians' discretionary authority to withhold the same. Hence, I release, waive and/or quitclaim all rights, demands, or causes of action, past, present or future, against PCP and PSBIM, including those which may entitle me to obtain these documents or copies thereof.*

 \_\_\_\_\_

SIGNATURE OF APPLICANT  
OVER PRINTED NAME

Date of Application Submitted : \_\_\_\_\_ Received by : \_\_\_\_\_

**μ This portion is applicable only to Candidates taking the exam for the first time**

ENDORSED BY:

 \_\_\_\_\_

CHAIRMAN  
DEPARTMENT OF MEDICINE

 \_\_\_\_\_

TRAINING OFFICER  
DEPARTMENT OF MEDICINE

**PHILIPPINE COLLEGE OF PHYSICIANS**  
**PHILIPPINE SPECIALTY BOARD OF INTERNAL MEDICINE**  
One San Miguel Avenue Condominium (22<sup>nd</sup> Floor)  
San Miguel Avenue corner Shaw Boulevard, Ortigas Center, Pasig City 1605  
Tel. Nos. 910-2250, 910-2252 to 54  
Fax no. 910-2251

**ATTACHMENT QUESTIONNAIRE TO DIPLOMATE  
EXAMINATION APPLICATION**  
**SPECIFIC QUALIFICATIONS**

Name of Applicant : \_\_\_\_\_

Signature : \_\_\_\_\_

1. Type of Oral Examination taken :  Panel     Stations  
 Others, please specify \_\_\_\_\_
  - a. No. of Examiners : \_\_\_\_\_ / #  
(total #)                      (# per stations)
2. No. of cases taken in Oral Examination :  5     less than 5
3. Nature of cases taken :     Cardiology                       Pulmonary Medicine  
 Gastroenterology               Infectious Diseases  
 General Internal Medicine (multi-specialty)  
 Others, pls. specify \_\_\_\_\_
4. No. of times it took to pass:     1x / case               2x / case               3x / case  
(specify : case \_\_\_\_\_ )  
(specify : case \_\_\_\_\_ )
5. Duration of Examination taken : \_\_\_\_\_ (hours) / \_\_\_\_\_ (days)  
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6. Did you attend any Review Course in preparation for the PSBIM exam?  
Yes                       No
7. Type of review-preparation for written examination :  
 Lectures only               Questions and Feedback               Self / group only
8. Duration of review for written examination :  
 approx. 3 months               approx. 6 months               approx. one year
9. Adequacy of preparation for written examination :  
 Very adequate               Just enough  
 Not adequate (please explain) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Did you attend PSBIM Hour? :

**Series of 2010**

May 5, 2010 (Wednesday)      Yes       No

***\*(PLEASE MAKE SURE THAT THIS IS INCLUDED IN YOUR APPLICATION)***

*attchmt\_appwexm2010 \* 07/12/2010*

*\*applctn form\_wexm2010 \* 07/12/2010*