PHILIPPINE HEART ASSOCIATION, INC.
PHILIPPINE COLLEGE OF CARDIOLOGY

Suite 1108, 11/F East Tower, Tektite Towers, Exchange Road, Ortigas Center, Pasig City 1605, Philippines
Tel. Nos. (+632) 8470.5525 Fax No. (+632) 8687.7797
URL: http://www.philheart.org E-mail addresses: secretariat@philheart.org, phil.heart@yahoo.com

PCC CERTIFYING EXAMINATION APPLICATION CHECKLIST

1. The applicant should be an Associate Fellow of the Philippine College of Cardiology.
2. Deficiencies in the requirements even if noted after taking the examination is interpreted as non-disclosure and can be subject to proceedings that can result into nullification of the examination.
3. All the requirements -- application form and related documents -- must be submitted not later than 31st of January of the examination year.
4. Applications by mail should be postmarked not later than January 31 of the examination year.
5. Strictly no extension will be accorded.
6. Incomplete documents will not be processed.

1. Completed Application Form
2. Letter of Intent
3. Letters of Endorsement from two (2) PHA Fellows
4. Philippine College of Physician (PCP) Diplomate Certificate
5. Examination fee

Written and/or Practical Examinations at P4,000.00

Payment can be made at the PHA Office.
1108 11th Floor East Tower Tektite Towers (formerly PSE Centre)
Exchange Road, Ortigas Center, Pasig City
Tel. Nos. 84705525 or 84705528
Office hours: Monday to Friday 8AM to 5PM
For check payment, please issue to Philippine Heart Association, Inc.

Payment can be made at online.
Current Account name: Philippine Heart Association, Inc.
Authorized Bank: Bank of the Philippine Island (BPI) Tektite Branch
Current Account number: 4011-0222-14

Kindly send or email a copy of your over-the-bank deposit or online receipt to phil.heart@yahoo.com and copy furnish secretariat@philheart.org. Please attention the communication to the Secretariat assigned to SBAC Ms. Cathy Morado.

PCC CERTIFYING EXAMINATION APPLICATION FORM

IMPORTANT REMINDER: Kindly complete the form. The documents enumerated in the checklist must be submitted along with this application.

PRC Registation Number : _____
Date : _____
Expiry Date : _____

LAST Name : _____

GIVEN Name : _____

MIDDLE Name : _____

ADDRESS

Clinic/Office : _____

_____

Clinic/Office tel. no(s).: _____

Residence : _____

_____

Residence tel. no(s). : _____

PERSONAL DATA

Mobile no.: _____ E-mail address: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Marital Status: _____

If married, name of spouse: _____

EDUCATION

University	Year	Course
_____	_____	B.S. _____
_____	_____	Medical Degree

TRAINING	INSTITUTION	YEARS
Internship	_____	_____
Residency Training In Internal Medicine	_____	_____
Fellowship in Adult Cardiology	_____	_____

CERTIFICATION OF COMPLETION OF MEDICAL RESIDENCY TRAINING BY THE DEPARTMENT CHAIRMAN OR TRAINING OFFICER

_____ _____
Chairman / Training Officer Date

_____
Institution

Date of PCP Diplomate Examination: _____

PHA-RELATED ACTIVITIES (may attach separate sheet of paper):

A. Date inducted as Associate Fellow: _____

B. Participation in PHA activities after induction as Associate Fellow

_____

_____

_____

SCIENTIFIC CONTRIBUTIONS (may attach separate sheet of paper):
Title / Co-Authors / Presentation / Publication

_____

_____

_____

OTHER PROFESSIONAL AFFILIATIONS (may attach separate sheet of paper):

_____

_____

_____

HONORS, AWARDS (may attach separate sheet of paper):

_____

_____

ENDORSEMENT BY TWO (2) PHA FELLOWS (must be signed)**:**

	Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____

Should there be any change in the examinee's qualifications which could effect his/her eligibility to take the written examination, it is the responsibility of BOTH the examinee and the training institution to inform the Specialty Board of Adult Cardiology of the deficiency leading to the inability to quality for the written examination. In these cases, the examinee must take 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 Philippine College of Cardiology 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.

I am applying and taking this examination on a voluntary basis and I pledge to abide by the decision of the Philippine Heart Association (PHA) and the Philippine Specialty Board of Adult Cardiology (PSBAC) on all matters related to this examinations.

I hereby acknowledge that all examination materials and papers are highly confidential and I recognize Philippine College of Cardiology 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 PHA and PSBAC, including those which may entitle me to obtain these documents or copies thereof.

Picture 2 x 2

_____

Signature of Applicant over Printed Name

WITNESSED BY:

_____

Signature over Printed Name

_____

Signature over Printed Name

Date Application Submitted: _____

Received by:

_____

Signature over Printed Name