

**PHILIPPINE BOARD OF THORACIC,
CARDIAC and VASCULAR SURGERY INC, (PBTCVS)**

Room 514, 5th Floor, Medical Arts Building
Philippine Heart Center, East Avenue, Quezon City
Telephone No: 929-3826 / 925-2401 loc.3534
E-mail address: pbt cvs@phc.gov.ph / pbt cvs@yahoo.com

CERTIFYING EXAMINATION APPLICATION FORM

APPLICATION FOR (Please check): ☐ First Time ☐ Not First Time (Specify)

Written Exam: ☐ Thoracic ☐ Cardiac ☐ Vascular

Oral Exam: ☐ Thoracic ☐ Cardiac ☐ Vascular

PERSONAL DATA

Name: _____

Permanent Residence Address: _____

Temporary Address: _____

Telephone No. _____

E-mail Address: _____

Mobile No: _____

Clinic Address (If applicable)

1 _____

Telephone No. _____

2 _____

Telephone No. _____

3 _____

Telephone No. _____

Hospital Affiliation (If applicable)

1 _____

Telephone No. _____

2 _____

Telephone No. _____

3 _____

Telephone No. _____

Medical School: _____

Year Graduated: _____

General Surgery Residency Training: _____

Year: From _____ To: _____

TCVS Fellowship Training: _____

Year: From _____ To: _____

Subspecialty Postgraduate Training: _____

Year: From _____ To: _____

CERTIFICATIONS

Professional Regulation Commission: _____

Year: _____

PRC No: _____

Philippine Board of Surgery: _____

Year: _____

Philippine Board of Thoracic and Cardiovascular Surgery: _____

Year: _____

Others: _____

Year: _____

PROFESSIONAL MEMBERSHIP

Fellow-Philippine College of Surgeons: _____

Year Conferred: _____

Philippine Medical Association: _____

PMA No: _____

Philippine Heart Association: _____

Year Conferred: _____

Others: _____

PROFESSIONAL EXPERIENCE**Academic and /or Hospital Positions (Past and/or present)**

1	Year:From:	To:
2	Year:From:	To:
3	Year:From:	To:
4	Year:From:	To:

Awards / Honors Received: (if any)

1
2
3

Research / Publications:*

1
2
3

Scientific Meetings Attended:*

1
2
3
4
5

* May add additional pages as may be necessary.

Miscellaneous Interests:

1
2

I am applying to take the PBTCVS Certifying examinations and hereby guarantee that all information written in this application form and submitted as part of the requirements for the PBTCVS Certifying Examinations are completely true and accurate.

Signature of Candidate

Date Submitted

RECOMMENDATION

On review of application and requirements submitted, we the members of the Credentials Committee find:

_____ Credentials Complete. Recommend candidate be allowed to take certifying exams.

_____ Credentials Incomplete. Recommend:

_____ Submission of the following additional requirements not later than one week before the scheduled certifying examinations.

_____ En Banc deliberation of the Board to evaluate eligibility of candidate to take the scheduled certifying examinations.

Chairman, Credentials Committee

Member

Member