



PHILIPPINE BOARD OF THORACIC, CARDIAC AND VASCULAR SURGERY, INC. (PBTCVS)

Room 514, 5th Floor, Medical Arts Building, Philippine Heart Center, East Avenue, Quezon
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Email: pbtcvs@yahoo.com / pbtcvs1976@gmail.com

DECLARATION STATEMENT

I DECLARE THAT THE FOREGOING DOCUMENTS REQUIRED BY THE PBTCVS, TO BE ELIGIBLE TO TAKE THE CERTIFYING EXAMINATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSITY THEREOF CAN BE A GROUND FOR THE PERMANENT REVOCATION OF MY APPLICATION FOR THE CERTIFICATION IN THE SPECIALTY OF THORACIC, CARDIAC, AND VASCULAR SURGERY

1. Letter of Intent addressed to: CHAIRMAN of the PBTCVS Thru: SECRETARY-TREASURER of the PBTCVS
2. A completed PBTCVS application form with recent 2 x 2 pictures. (PBTCVS Form 1)
3. A FAITHFUL COPY of medical school diploma.
4. A FAITHFUL COPY of an updated and unrestricted physician's license in the Philippines.
5. A FAITHFUL COPY of Diploma or certificate of completion from a surgical specialty training program (thoracic, cardiac, or vascular surgery) accredited or recognized by PATACSI.
6. Letter of recommendation signed by the Department / Division Chairman / Section Head and Training Officer of your institution.
7. Complete log of operations during surgical specialty training and summary of index cases with signature of the Department / Division Chairman and the Training Officer of your institution. (Completed PATACSI OR logbook)
8. Certificate of Good Moral Character (PBTCVS FORM) signed by the Department / Division Chairman / Section Head and Training Officer of your institution.

ATTESTED BY:

Printed Name and Signature (candidate)

Printed Name and Signature of Division/Section Head

Printed Name and Signature Training Officer

Printed Name and Signature Department Chairman

TRAINING INSTITUTION