



# UNIVERSITY OF CEBU MEDICAL CENTER

Site Address: Ouano Ave., North Reclamation Area, Mandaue City

Office Address: UC Building, Sanciangko St., Cebu City

Tel No. 253-3377 . 420-9972

## APPLICATION FORM FOR RESIDENCY TRAINING PROGRAM

Department: \_\_\_\_\_

Name: (Family)	(First)	(Middle)	PRC NUMBER :
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Date of Birth:	Age :	Status:	Nationality:
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Height:	Weight:	Sex:
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Spouse:	Number of Children:
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Mailing Address:	Email Address:	Mobile Number:
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In case of Emergency notify	Relation to Applicant:	Contact Number:
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Name:		
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Any important medical or health problems? (e.g. Allergies, Arthritis, Tuberculosis, Asthma, Diabetes, Hypertension, etc.)		
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Employment Records (Please provide information about your last 3 jobs starting with the most recent)		
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Name of Company:	Position:	Date of Employment:	Reason for Leaving:
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Name of Institution	Location	Inclusive Date	Degree
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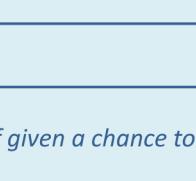
College:	_____	_____	_____
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Medical School:	_____	_____	_____
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Post Graduate Internship:	_____	Year:	_____
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Licenses, Certificate, Professional Membership, etc.:	_____
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Are you taking advance studies? (If yes, please specify the program you are taking):	_____
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Application Form for Residency Training Program (page 2)

Please state the reason for applying in this hospital:

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If given a chance to work here, are you willing to uphold the high moral and ethical principles of this Hospital? \_\_\_\_\_

Would you be willing to abide with the policies rules and regulations of this hospital and participate in its activities? \_\_\_\_\_

Are you willing to sign contract to work here for atleast one year? \_\_\_\_\_

Please give me the names of three persons who can vouch your character and integrity:

Name	Address	Telephone Number
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