



UNIVERSITY OF CEBU MEDICAL CENTER

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

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

Tel No. 253-3377 . 420-9972

APPLICATION FORM FOR MEDICAL STAFF

Department : _____

☐ Active Staff

☐ Visiting Consultant

Name:	(Family)	(First)	(Middle)	PRC NUMBER: _____
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Mailing Address:	Mobile No.
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Clinic Address:	Tel No.:
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Residence:	Tel No.
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Nationality:	Date of Birth:	Age:	Status:
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E-mail Address:	Fax No.
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Educational Attachments (Please provide separate sheets if necessary)

Name of Institution	Location	Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Postgraduate Training and / or Courses: (Please provide separate sheets if necessary)

Name of Institution	Location	Dates	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Appointment to other hospital or Educational Institutions: (Please provide separate sheets if necessary)

<i>Name of Institution</i>	<i>Location</i>	<i>Dates</i>	<i>Degree</i>
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Fellowship and / or Board Certification of Specialties in:

Scientific Papers and / or Publications:

Membership in Medical Organization:

Date:

Signature of Applicant

Recommendation:

Department Head

Chairman Credentials Committee



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Name:	(Family)	(First)	(Middle)	_____
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Requirements for Medical Staff:

Remarks :

- | | |
|----------------------------------------------------------------------------------------------|-------|
| 1. Application Letter addressed to the Medical Director | _____ |
| 2. Curriculum Vitae | _____ |
| 3. Medical School Diploma | _____ |
| 4. PRC ID | _____ |
| 5. Certificate of Specialty Training from an approved Residency Program | _____ |
| 6. Specialty Board Certificate | _____ |
| 7. Certificate of Subspecialty Training (Fellowship) | _____ |
| 8. Fellowship certificates in specialty & sub-specialty societies (where applicable) | _____ |
| 9. CMS, PMA Number | _____ |
| 10. TIN, SSS, PTR, S2 (optional) numbers | _____ |
| 11. BLS Certificate | _____ |
| 12. Philhealth Accreditation | _____ |
| 13. 2 x 2 photos (2pcs) | _____ |
| 14. Letters of Recommendation from two Active Staff members of the Department where trained. | _____ |

All applications will be subject to final approval by the Board.