*\*Must be printed on the official Letterhead of the PCP Local Chapter. Valid only if with chapter seal and “wet” signature of the chapter president.*

***CLEARANCE CERTIFICATE***

This is to certify that **[Name of PCP Member]** is a member in good standing of the Philippine College of Physicians and is classified as a **Specialist.**

Dr. [Name of PCP Member] has been cleared of any outstanding arrears. He/She has already paid for his/her annual dues for FY20\_\_\_-20\_\_\_ as validated by OR# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in our chapter in [MMMM DD, YYYY]

This certification is being issued to **[Dr. LastName of Member]** for the purpose of chapter transfer to PCP [Name of intended new] Chapter.

Issued this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ at the PCP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Philippines.

[NAME OF THE CHAPTER PRESIDENT], M.D. F.P.C.P.

Chapter President, FY 20\_\_\_\_- 20\_\_\_\_\_\_