[Date]

**[NAME OF THE REGENT], M.D., F.P.C.P.**

Regent,Committee on Credentials and Membership

Philippine College of Physicians  
One San Miguel Building (Units 2201-2203)  
San Miguel corner Shaw Blvd. Ortigas Centre,  
Pasig City, Metro Manila 1605 PHILS.

Thru:

**[NAME OF CURRENT CHAIR], M.D., F.P.C.P.**

Chair, Committee on Credentials and Membership

Dear Dr. [Last name of the Regent],

This is a letter of request to reactivate the status of my membership in the Philippine College of Physicians.

I have completed my residency training in Internal Medicine at [Name of Hospital] in [*Year*] then obtained my PCP Diplomate status in [Year] and my Fellowship status in [*Year*]. I also did a Fellowship training in [*Subspecialty*] at [*Hospital*] from [*19\_\_ - 19\_\_*]. Since then, I have [*please relate here what has transpired and give cause/s of deficiency if there are any].*

Upon reactivation of my membership status, I would like to belong to the *[state the PCP Local chapter you wish to belong to].* Rest assured that I will take a proactive stance in participating in PCP-related activities in my local chapter and in the annual and midyear conventions, and to exert effort to maintain good status *[You may further add the justification for the reactivation of your membership].*

Furthermore, I have read and understood the Implementing Rules and Regulation of the Committee on Credentials and Membership, and I shall comply with the requirements to maintain a good standing in the college. I have also just paid for my back dues for the years [e.g. 2012-2016] in the amount of *(state in words)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pesos [Php XX.XXX.00] via *(state mode of payment whether via the PCP website payment facility, or directly to the PCP National Office).*  I am attaching a copy of the official receipt or transaction slip as proof of payment.

I look forward to future collaborations with PCP and hope to hear from your good office soon.

Thank you for your kind consideration.

Sincerely,

[Name of Member], M.D.

[Current Position]

[Current Hospital/Academic Institution]

[Mailing Address]

[Working Email Address] – *where* *PCP may send you news, updates and invitations*  
[Viber Contact Number/iMessenger ID]