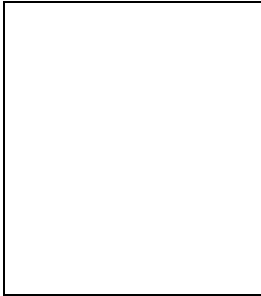




MEDICAL CENTER MANILA

Hospital Management Services, Inc.
1122 General Luna St., Ermita, Manila



MEMBERSHIP FORM

Membership: Active Staff Visiting Staff Courtesy

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SURNAME

FIRST NAME

MIDDLE NAME

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BIRTHDATE

AGE

SEX

C. S.

NATIONALITY

RELIGION

--	--

TELEPHONE NUMBER

CELLPHONE NUMBER

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E-MAIL ADDRESS

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ADDRESS

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PRC LICENSE # - DATE

PTR # - DATE

S2# - DATE

TIN

PHILHEALTH ACCREDITATION #	EXPIRY DATE:
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PREMEDICAL EDUCATION:

COLLEGE OR UNIVERSITY	DEGREE

MEDICAL EDUCATION:

COLLEGE OR UNIVERSITY	DEGREE

INTERNSHIP: Name of Hospital

1. _____
2. _____

PHILIPPINE BOARD OF MEDICINE LICENSURE:

Date Taken: _____ Results: _____

MEDICAL LICENSURES:

Philippines: _____ License No. _____ Valid Until: _____

Foreign: _____ License No. _____ Valid Until: _____

Residences: _____

OTHER POST GRADUATE TRAINING (RESIDENCY & FELLOWSHIP)

INSTITUTION	DATE
1.	
2.	
3.	

TEACHING APPOINTMENT IF ANY:

MEMBERSHIP TO OTHER HOSPITALS (PRESENT)

Name of Hospital	Position	Clinic Days	Clinic Hours	Telephone Number

SPECIALTY BOARD CERTIFICATION (LOCAL AND ABROAD)

Specialty Board Certification	Date Obtained
1.	
2.	
3.	

MEMBERSHIP TO SOCIETIES/ORGANIZATIONS:

1.
2.
3.

POSITION TO HOSPITAL:

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APPLICANT’S STATEMENT: In this application, I declare that I have read and am willing to comply with the rules, regulations and policies of Medical Center Manila (MCM) – Hospital Management Services, Inc. (HMSI) and the MCM Medical Staff Organization and I accept the prescribed disciplinary action for violations of these institution’s and organization’s rules, regulations and policies.

SIGNATURE OVER PRINTED NAME

DATE