中華崇仁總醫院暨醫學中心
CHINESE GENERAL HOSPITAL
AND MEDICAL CENTER
EXCEPTIONAL CARE WITHIN REACH

DEPARTMENT OF
MEDICAL EDUCATION AND RESEARCH
Contact: 87114141 local 5017 to 5019
Webmail: dmer@cghmc.com.ph

APPLICATION FOR FELLOWSHIP TRAINING PROGRAM

2 x 2
Recent Photo

Subspecialty of Choice: _____

Name of Applicant: _____ _____ _____
Last Name First Name Middle Name

Date of Birth: _____ Birthplace: _____
Citizenship: _____ Religion: _____
Gender: ☐ M ☐ F Marital Status: _____ Number of dependents: _____
Present Address: _____ Zip code _____
Permanent Address: _____ Zip code _____
Contact numbers: (Cellphone no) _____ Landline #: _____
Email Address: _____
Personal Identification:
TIN: _____ PRC #: _____ Valid until: _____
PhilHealth Membership #: _____ S2 #: _____ Valid until: _____
Other _____ Valid until: _____
(For Foreigners) Passport Number: _____ Valid until: _____
Issued place/date: _____
Name of spouse: (Last name, First name, Middle name) _____
Mailing Address: _____
Whom to notify in case of emergency: _____
Mailing Address: _____
Relationship: _____ Contact number: _____

MEDICAL EDUCATION:

College or University: _____ Date of Graduation: _____
Honors or Awards: _____
Date when Medical Board Exam was taken: _____ Rating: _____
Other examinations taken and results (i.e. USMLE, BQE, etc.) _____
Postgraduate Internship: _____ Inclusive Dates: _____
Residency Training Program: _____ Inclusive Dates: _____
Fellowship Training Program: _____ Inclusive Dates: _____
Other trainings: _____ Inclusive Dates: _____

Character References: (Include hospital affiliation, position, contact numbers)

1. _____
2. _____
3. _____

Do you have an ongoing or previous litigation case/ court case/ administrative case? ☐ Yes ☐ No
If yes, please provide details _____

I hereby attest to the accuracy of the information given above. Any form of dishonesty will be considered grounds for my expulsion from the institution.

_____
Applicant's Full Name & Signature
Date _____

(This part to be filled up by the Department):

Evaluation: ☐ exceptionally good ☐ satisfactory ☐ good/average ☐ poor
Recommendation: ☐ accept ☐ do not accept

Evaluators: **(Training Officer 1)** _____

(Training Officer 2) _____

(Section Chair) _____

Noted by: (DEPARTMENT CHAIR) _____

REQUIREMENTS: Please attach the following documents (Photocopy and original for verification)

- ☐ Completely filled-up application form (download at CGHMC website)
- ☐ Curriculum Vitae
- ☐ 1 pc. - 2x2 picture (colored)
- ☐ Letter of Intent
- ☐ (2) Two Recommendation Letters/ Character Reference from Dept. Head and Training Officer of Residency/ Fellowship Training Program except for Graduates of CGH Training Program
- ☐ Complete Transcript of Medical Records (*Certified True Copy*)
- ☐ Class Ranking
- ☐ Medical School Diploma (*Certified True Copy*)
- ☐ Certificate of Internship (*Certified True Copy*)
- ☐ Medical Board Rating Result
- ☐ Certificate of Residency Training Program *(Certified True Copy)*
- ☐ Certificate of Specialty Board Exam certifying diplomatic status
- ☐ Valid PRC License/ PRC ID
- ☐ TIN ID / BIR Form 2303
- ☐ Valid Professional Tax Receipt (PTR)
- ☐ CXR (PA, Lateral view) result done within 3 months of application
- ☐ HBsAg and Anti-HBs titer done within 6 months of application
- ☐ PhilHeatlh Membership ID Number / MDR
- ☐ Mental Health Certification (valid within 3 months before application) from a clinical psychologist or a licensed psychiatrist (especially if on medication)
- ☐ Immunization Record (If Available)
- ☐ Complete COVID-19 Vaccination Record

For Applicants of Subspecialty

- ☐ Certificate of Fellowship Training Program in Specialty
- ☐ Certificate of Diplomate status in specialty

If available: (if not available, trainee will be required to attend during his/her training period with CGH)

- ☐ Valid Advanced Cardiac Life Support (ACLS) Certificate
- ☐ Valid Good Clinical Practice Certificate (GCP) in Health Research

**Incomplete papers will not be processed.*
**Pls. bring all original documents for verification purposes.*
**All documents submitted shall remain the property of CGHMC-DMER and shall not be returned to applicant at any time for any reason.*