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 POSTGRADUATE INTERNSHIP TRAINING PROGRAM

Year/ Batch _____

2 x 2
Recent Photo

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

Date of Birth: _____ Birthplace: _____
Citizenship: _____ Religion: _____
Gender: ☐ Male ☐ Female Language/Dialects Spoken: _____
Marital Status: _____ Number of dependents: _____

Present Address: _____ Zip code: _____
Permanent Address: _____ Zip code: _____
Contact numbers: (Cellphone no.) _____ Landline no: _____
Email Address: _____
Whom to notify in case of emergency: _____
Permanent Address: _____
Relationship: _____ Contact number: _____

MEDICAL EDUCATION:

Medical School or University: _____ Pre-Med Course: _____
Honors or Awards: _____ Date of Graduation: _____
Other trainings: _____ Inclusive Dates: _____

List of Hospitals in the order of your choice as submitted to your medical school

1. _____
2. _____
3. _____

What is your expectation after spending 1-year of Internship in this institution?

_____

_____

Describe yourself. List down your positive and negative attributes.

_____

_____

Fields of Interest: _____

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 Committee on Internship):

Evaluation: ☐ exceptionally good ☐ satisfactory ☐ good/average ☐ poor

Recommendation: ☐ accept ☐ do not accept

Evaluators: _____

_____

Noted by: (CHAIR, COMMITTEE ON INTERSHIP) _____

REQUIREMENTS:

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

- ☐ Completely filled-up application form (download at CGHMC website)
- ☐ 1 pc. 2x2 picture (colored)
- ☐ Curriculum Vitae
- ☐ Complete transcript of Medical School
- ☐ Class Ranking
- ☐ Certification of Graduation / Medical School Diploma
- ☐ Official Result of Anti-HBsAg (within 6 months of application)
- ☐ Chest X-ray (result within 3 months of application)
- ☐ PhilHealth Membership ID Number / MDR
- ☐ Immunization Record (If Available)
- ☐ Complete COVID-19 Vaccination Record
- ☐ Valid Good Clinical Practice (GCP) in Health Research (If available)
- ☐ Valid ACLS/BLS Certificate (If available)