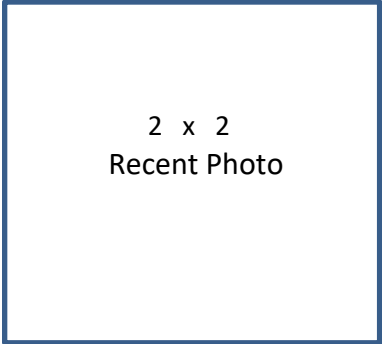




**Chinese General Hospital and Medical Center**  
**Department of Medical Education and Research**



**APPLICATION FOR FELLOWSHIP TRAINING PROGRAM**



**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: \_\_\_\_\_

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)** \_\_\_\_\_

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**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*)
- 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
- PhilHealth Membership ID Number / MDR
- Valid GCP

**For Applicants of Interventional Cardiology & Adult Echocardiography**

- Certificate of Fellowship Training Program in Adult Cardiology
- Certificate of Philippine Specialty Board of Adult Cardiology from Philippine College of Cardiology

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.*