



PHILIPPINE SOCIETY FOR GYNECOLOGIC ENDOSCOPY FOUNDATION, INC.

CHECKLIST FOR HOSPITAL ACCREDITATION FOR FELLOWSHIP TRAINING IN GYNECOLOGIC ENCOSCOPY

Hospital: \_\_\_\_\_ Date: \_\_\_\_\_
Chairman: \_\_\_\_\_ Training Officer: \_\_\_\_\_

Application fee:

Payment: \_\_\_\_\_ OR #: \_\_\_\_\_

Date of payment: \_\_\_\_\_

- Letter of Intent from the Section Head endorsed by the Department Chair and Medical Director
Application Fee
Gynecologic Endoscopy Training Program curriculum
Photocopy of Certificate of Accreditation for Residency Training
Photocopy of Certificate of Accreditation for Fellowship Training (if for renewal)
List of at least 3 FPSGE consultants who are actively involved in the training program; 2 of whom are active consultants
For outside rotations, there should be at least 2 FPSGE faculty affiliated with both institutions
Names of Fellows in Training with their corresponding year level (if for renewal)
Numbers of service beds
2-year census on Diagnostic and Operative Hysteroscopy and Laparoscopy (see attachment)
Access to eBooks – availability of internet for journals and eBooks.

Remarks: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

( ) Accreditation of Fellowship training program effective \_\_\_\_\_ and valid until \_\_\_\_\_

( ) For compliance of the ff: \_\_\_\_\_

Other:

\_\_\_\_\_  
*CHAIRMAN*

\_\_\_\_\_  
*SECRETARY*



PHILIPPINE SOCIETY FOR GYNECOLOGIC ENDOSCOPY FOUNDATION, INC.

APPLICATION FOR ACCREDITATION FOR FELLOWSHIP IN GYNECOLOGIC ENDOSCOPY TRAINING PROGRAM

( ) New Application ( ) Renewal Date: \_\_\_\_\_

Name of Hospital/ Institution: \_\_\_\_\_

Address \_\_\_\_\_

Type of Hospital ( ) General ( ) Subspecialty ( ) Government ( ) Private

Total bed capacity \_\_\_\_\_ Beds \_\_\_\_\_ Private beds \_\_\_\_\_ Service beds \_\_\_\_\_

Is hospital accredited for Service by POGS? \_\_\_\_\_ Since when? \_\_\_\_\_ Valid until \_\_\_\_\_

Chairman of the Department of OB-GYN \_\_\_\_\_

No. of Active Consultants \_\_\_\_\_ No. of FPOGS Staff: \_\_\_\_\_ No. of DPOGS Staff: \_\_\_\_\_

No. of Years as POGS Training Center \_\_\_\_\_

Annual Service Bed census: OB \_\_\_\_\_; GYN \_\_\_\_\_

No. of residents:

3rd Year \_\_\_\_\_

4th Year \_\_\_\_\_

Do OB-GYN residents rotate in Gynecologic Endoscopy? \_\_\_\_\_ How many months rotation? \_\_\_\_\_

Section Head of Gynecologic Endoscopy \_\_\_\_\_

Training Officer of Fellowship Program \_\_\_\_\_

No. of FPSGE Faculty: \_\_\_\_\_

No. of Fellows-in-training:

1st Year \_\_\_\_\_

2nd Year \_\_\_\_\_

Statistics for Diagnostic and Operative Hysteroscopy and Laparoscopy for the immediate past 3 years for renewal, 1 year for new applications





## **ACTION OF THE BOARD**

INSPECTION DATE: (Date and finding): \_\_\_\_\_

RECOMMENDATIONS:

FINAL ACTION OF THE BOARD: