PHILIPPINE SOCIETY FOR GYNECOLOGIC ENDOSCOPY
Recognized Sub-Specialty Society through Philippine Obstetrical and Gynecological Society (POGS)
Affiliated by: American Association of Gynecologic Laparoscopists (AAGL)
Asian –Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE)

AFFILIATION FORM

Surname	First Name	Middle Name

Instructions: 1. Accomplish the membership profile form correctly 2. Print data legibly in capital letters.		Date received:
Residence/Home Address (No., Street, Brgy., Town, Municipality/City, Province, Zipcode)	Region	2 Passport size (1.5"x2") photo taken within 3 months with FULL nametag
Email Address: _____ Telephone/Mobile Number/s: _____	PSGE Region	

Birth Date(mm/dd/yy)	**Civil Status**	**Gender**(F/M)	**Citizenship**

PRC License Number _____ PMA Number _____	Date of Licensure (mm/dd/yy)_____ Valid Until : _____ Date of Licensure (mm/dd/yy)_____ Valid Until : _____
OBGYN Residency	Name of Institution:_____ Date Started:_____ Date Ended:_____
POGS Diplomate	Date Inducted:
POGS Fellow	Date Inducted:
POGS Board Eligible	Indicate Status of Eligibility: Written(Date taken/To be taken):_____ Orals (Date to be taken) _____ For Induction (Indicate Date):_____
Fellowship in MIS	Name of instution:_____ Date started:_____ Dated ended:_____

PSGE STATUS:

Fellow	Yes ☐	No ☐	Date inducted:
Affiliate	Yes ☐	No ☐	Date of joining:

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PSGE fellowship in progress
___modular: ___fellowship:
date started:_____
date to finish:_____
name of institution/s:_____

_____

_____

PSGE fellowship in progress	Status	
	On-going	Date Completed
Step 1	☐ yes ☐no	
Step 2	☐ yes ☐no	
Step 3	☐ yes ☐no	
Step 4	☐ yes ☐no	

HOSPITAL AFFILIATIONS	**CLINIC ADDRESS** (No., Street, Brgy., Town,Municipality/City, Province, Zipcode)	**TELEPHONE NUMBER**

Certified Correct:

_____
Signature over Printed Name

Date:_____