



PHILIPPINE COLLEGE OF RADIOLOGY SOUTHERN LUZON CHAPTER, INC

MEMBERSHIP INFORMATION SHEET

Personal Information

First Name	Middle Name	Last Name	Contact No./s
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: (mm/dd/yyyy)	
Preferred mailing address:			
E-mail: _____			
Mail : _____			
Home: _____			
Office: _____			

Board Certification (Status required)

Philippine Medical Board Date Certified: PRC License No.:	Philippine Medical Association No.: Component Society:
Philippine College of Radiology In Diagnostic Radiology, date taken/inducted _____ In Radiation Oncology, date taken/ inducted _____ Other Certification/s in Radiology not mentioned above: _____ _____ _____	Fellow, Philippine College of Radiology <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date inducted: _____ Fellow, Ultrasound Society of the Philippines <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date inducted: _____ Fellow, CT-MRI Society of the Philippines <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date inducted: _____ Fellow, Philippine Society of Vascular and Interventional Radiology <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date inducted: _____

Current Hospital Affiliation/s and Position/s held:

Institution/Position: Address:	Institution/Position: Address:
Institution/Position: Address:	Institution/Position: Address:
Institution/Position: Address:	Institution/Position: Address:

I understand, agree and allow Philippine College of Radiology Southern Luzon to receive information and make inquiry concerning my professional ability, qualifications and fitness for membership. I will make no claim against the College of Radiology Southern Luzon Chapter or any person or organization who, in good faith, furnishes information to the Philippine College of Radiology Southern Luzon Chapter or takes no action concerning my status as member or my continued membership in the Philippine College of Radiology Southern Luzon Chapter.

I certify that the above informations are true and factual to the best of my ability.

Signature over Printed Name _____

Date _____