



PHILIPPINE SOCIETY OF ALLERGY, ASTHMA & IMMUNOLOGY, INC.

Unit 2504, Medical Plaza Ortigas Condominium
#25 San Miguel Avenue, Ortigas Center, Pasig City
Tel. +63 (2) 535-3220

APPLICATION TO TAKE THE PHILIPPINE SUBSPECIALTY BOARD OF ALLERGY, ASTHMA AND IMMUNOLOGY EXAMINATIONS FOR DIPLOMATE IN ALLERGY AND CLINICAL IMMUNOLOGY

NAME: _____
Last name First name M.I.

ADDRESS: Clinic _____
Tel. No. _____
Home _____
Tel. No. _____

Mailing Address: _____
Tel. No. _____

E-mail Address: _____ Mobile No. _____

PERSONAL DATA

Date of Birth: _____ Place of Birth: _____
Sex: _____ Marital Status: _____ Name of Spouse: _____
Children: _____ Age: _____

EDUCATION

DEGREE	INSTITUTION	YEAR
A.A. _____	_____	_____
B.S. _____	_____	_____
M.D. _____	_____	_____
INTERNSHIP _____	_____	_____
Ph.D. _____	_____	_____

OTHER PAPERS PRESENTED BUT UNPUBLISHED

TITLE	WHEN PRESENTED	WHERE PRESENTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER PROFESSIONAL AFFILIATIONS

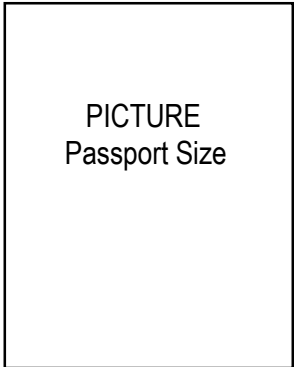
HONORS, PRIZES WON, AWARDS

ENDORSEMENT BY TWO (2) PSAAI FELLOWS

	NAME	SIGNATURE	DATE
1.	_____	_____	_____
2.	_____	_____	_____

PRC REGISTRATION : NUMBER _____ DATE _____

Republic of the Philippines)
City/Municipality of _____) S.S.



I am applying and taking this examination on a voluntary basis and I pledge to abide by the decisions of the Philippine Society of Allergy, Asthma & Immunology, Inc. (PSAAI) and Philippine Specialty Board of Allergy and Immunology (PSBAAI) on all matters related to this examination. I hereby acknowledge that all examination materials and papers are highly confidential and I recognize the PSAAI and PSBAAI discretionary authority to withhold the same. Hence, I release, waive and/or quit claim all rights, demands, or causes of action, past, present or future against the PSAAI and PSBAAI including those which may entitle me to obtain these documents or copies thereof.

IN WITNESS HEREOF, I have hereunto set my hand and signature this day of _____
in _____.

SIGNATURE OF APPLICANT
OVER PRINTED NAME

SUBSCRIBE AND SWORN TO BEFORE ME this _____ day of _____ here at
_____ affiant exhibiting his/her Residence Certificate No. _____
issued on _____ at _____.

Date Application Submitted: _____

Received by: _____

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC
Until _____



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DOCUMENTATION REQUIREMENTS FOR PSAAI CERTIFYING EXAMINATIONS FOR DIPLOMATE IN ALLERGY-IMMUNOLOGY

CHECKLIST ***(For Applicant's Use)***

REQUIREMENTS:

1. Examinees who are eligible to take the examinations must submit the following requirements:
 - a. Duly accomplished Application Form for PSBAAI Examinations
 - b. Medical School Diploma (photocopy)
 - c. Certificate of Internship (photocopy)
 - d. Certificate of Postgraduate Residency Training and Fellowship Training in an accredited hospital (to be signed by Department Chairman and Training Officer)
 - e. Certificate of Specialty Examination or Diplomate in Internal Medicine or Pediatrics - PSBIM or Specialty Board of PPS (photocopy)
 - f. Certificate of Endorsement of Good Moral Character from 2 PSAAI Fellows (Write names of endorsing Fellows and submit separate signed endorsement letters)
 - g. Certificate of Endorsement from the Training Officer of their Institution
 - h. Two copies of passport-sized picture
 - i. Payment of Examination Fee - ₱ 5,000 (Written - 3,000; Oral - 2,000)
 - j. Must be a senior author of 1 scientific paper (photocopy)

PAYMENT PROCEDURES

- Payment may be made by cash, check. If payment through checks, it should be payable to: **Philippine Society of Allergy, Asthma & Immunology, Inc.**