

Statements of Endorsement

I hereby certify that the applicant has successfully completed an Ophthalmology training program in the Institution stated in the reverse side hereof. I further certify that the said training program under which the applicant trained is duly accredited by the Philippine Board of Ophthalmology.

Name of Department Chairperson	Signature	Date
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I hereby certify that the applicant: (please check)

- has successfully passed the written and oral examinations given by the Philippine Board of Ophthalmology
- is eligible to take the Philippine Board of Ophthalmology examinations

Chairperson, Philippine Board of Ophthalmology	Signature	Date
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I hereby certify that I am a Member/Fellow of the Philippine Academy of Ophthalmology and have personal knowledge of the applicant and am familiar with the applicant's professional competence and conduct; that the applicant has attained a high level of professional competence and conforms to the ethical standards embodied in the PMA Code of Ethics; and that upon request I shall provide all necessary information to verify the truth and accuracy of this certification.

I hereby certify that I am a Member/Fellow of the Philippine Academy of Ophthalmology and have personal knowledge of the applicant and am familiar with the applicant's professional competence and conduct; that the applicant has attained a high level of professional competence and conforms to the ethical standards embodied in the PMA Code of Ethics; and that upon request I shall provide all necessary information to verify the truth and accuracy of this certification.

I hereby certify that I am a Member/Fellow of the Philippine Academy of Ophthalmology and have personal knowledge of the applicant and am familiar with the applicant's professional competence and conduct; that the applicant has attained a high level of professional competence and conforms to the ethical standards embodied in the PMA Code of Ethics; and that upon request I shall provide all necessary information to verify the truth and accuracy of this certification.

Signature of Fellow/Member

Signature of Fellow/Member

Signature of Fellow/Member

Printed Name of Fellow/Member

Printed Name of Fellow/Member

Printed Name of Fellow/Member

Date

Date

Date

By signing and submitting this application, I certify that all information submitted on or in support of this application is true, accurate, and complete, and I understand and agree that all such information is subject to review and verification by or under the supervision of the Executive Council of the Philippine Academy of Ophthalmology, Inc. I authorize and consent to that review and verification. I authorize and consent to all inquiries and good faith disclosures concerning me that may be made in the course of that verification process. I understand that I may become a Fellow or Member of the PAO only upon the affirmative vote of the Executive Council. I agree to comply with the PMA Code of Ethics as a condition of initial and continued membership in the PAO. I understand and agree that if I am elected Member of the PAO, my continued status as a Member will be subject to all of the terms and conditions of the Bylaws of the PAO, and that the Executive Council may revoke my membership if this application contains or is supported by information that omits or contains a substantial misstatement of any fact required or permitted by this application or the related instructions to be included on or submitted with or in support of this application.

Signature of Applicant: _____
Date of Application: _____

Method of payment:

- Cash
- Check, No. _____
Bank _____
- Credit Card
Card Number: _____
Card Holder's Name: _____
Issuing Bank: _____
Expiry Date: _____ Birthdate: _____

Received by: _____
Date: _____
OR No. _____