



PHILIPPINE ACADEMY OF OPHTHALMOLOGY, INC.

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For PAO use only:

Date Approved: _____

Valid Until: _____

ID No: _____

MEMBER-IN-TRAINING APPLICATION FORM

Please Type or Print Clearly

NAME: _____

LAST FIRST MIDDLE INITIAL

SEX: Male Female BIRTHDATE: _____ BIRTHPLACE: _____
Month Day Year

MEDICAL SCHOOL: _____ YEAR GRADUATED: _____

RESIDENCY (INSTITUTION): _____

YEAR LEVEL: _____ YEAR OF COMPLETION: _____

PMA NO.: _____ PRC NO.: _____

RESIDENCE: _____

E-MAIL _____ TEL. _____

MOBILE _____ FAX _____



Statement of Endorsement

I hereby certify that the applicant is presently under the Ophthalmology training program of the Institution stated above. I further certify that the said training program is duly accredited by the Philippine Board of Ophthalmology.

Name of Department Chairperson Signature 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 contain 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: _____

Received by: _____

Amount/OR No.: _____

Date: _____