



# INFORMATION SHEET

OITE/QUALIFYING EXAMINATION CANDIDATES

<i>(Please Print)</i>			(Photo here)
▼ Surname:	▼ First name:	▼ Middle name:	
▼ Birth date: (mmddyyyy)	▼ Birth place:	▼ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
▼ Home Address:	▼ Home phone no.:		
▼ Office Address:	▼ Mobile phone no.:		
Preferred Mailing Address (Please Tick One) ▶: <input type="checkbox"/> Home <input type="checkbox"/> Office			
Medical School Graduated from ▶:		Year graduated ▶:	
Internship ▶:		Year graduated ▶:	
PRC Licensed no ▶:	Date Issued ▶:	Valid until ▶:	
<b>ORTHOPEADIC RESIDENCY TRAINING</b>			
▼ Institution	▼ Dates of attendance :		
1. Year Level 1			
2. Year Level 2			
3. Year Level 3			
4. Year Level 4			
5. Year Level 5			

*** This portion for PBO use only. ***		
<b>ORTHOPEADIC IN TRAINING EXAM RESULT</b>		
Year Level	Date taken	Result/Comments
Level 1		
Level 2		
Level 3		
Level 4		