



# Philippine Orthopaedic Association, Inc.

*A Surgical Specialty Society recognized by the Philippine College of Surgeons and the Philippine Medical Association*

## FELLOWSHIP APPLICATION REQUIREMENTS

1. He shall have been licensed to practice medicine.
2. Formal written application to the Philippine Orthopaedic Association c/o President or Secretary
3. The candidate must have passed the Diplomate Examination given by the Philippine Board of Orthopaedics.
4. The candidate must have one (1) scientific paper read or published as senior or main author.
5. He must have one year private practice and he must submit a list of major or minor operations & which is certified correct by a fellow of the POA, or by the Chief of Surgery or Chief of the Hospital where the candidate is doing the operations. The list of operations will be subject for review and scrutiny by the POA Board.
6. For those candidates coming from the Metro Manila area, they should have at least attended 50% of all scientific meetings & those coming from the provinces at least 20% of all monthly scientific meetings.
7. Applications must be received at least three (3) months prior to the Annual Convention in November of each year. Deadline for submission is **August 31, 2012 (Friday)**.

If the minimum requirements are met the following supporting documents must be sent to the Secretariat of the Philippine Orthopaedic Association with non-refundable application fee of **P1,000.00**.

1. Filled application form (available at the POA Office).
2. Xerox copy of :
  - a. Medical School Diploma
  - b. Certificate of Residency
  - c. Philippine Board of Orthopaedics Diplomate Certificate
  - d. One (1) research paper read/published or as main author
3. Letter of recommendation from at least 3 references who are certified POA Fellows of good standing.
4. Three (3) copies 2X2 colored picture in formal attire. (White background)



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## FELLOWSHIP APPLICATION FORM

(PLEASE TYPE OR PRINT)

Name: \_\_\_\_\_ Birth Date (mm/dd/yy): \_\_\_\_\_  
Last First MI PRC No.: \_\_\_\_\_

Mobile/Landline Number: \_\_\_\_\_ PMA No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Practice: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

Institution Graduated From: \_\_\_\_\_ Year: \_\_\_\_\_

Geographical Place of Practice: \_\_\_\_\_ POA Chapter: \_\_\_\_\_

Subspecialty: \_\_\_\_\_

Hospital Affiliation/s, Clinics [Tels/Fax]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affiliate Medical Societies [Society/Year/ Positions if any]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Papers Presented/Published [Title/Date/Place/Journal; Meeting]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travelling Fellowship/s; Post-grad [Title/From/To/Specialty/Country]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References [3 Fellows in Good Standing Only]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date Accomplished \_\_\_\_\_

\_\_\_\_\_  
Signature

Date Submitted \_\_\_\_\_

Date Received \_\_\_\_\_