



# PHILIPPINE ACADEMY OF OPHTHALMOLOGY, INC.

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 E-mail: secretariat\_pao@globelines.com.ph

**For PAO use only:**

**Date Conferred:** \_\_\_\_\_

**Member Since:** \_\_\_\_\_

**ID No:** \_\_\_\_\_

## FELLOWS - INFORMATION SHEET

Please Type or Print Clearly

NAME: \_\_\_\_\_

SEX:  Male  Female      BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL  
Month Day Year

MEDICAL SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

RESIDENCY (INSTITUTION): \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_

PRC NO. \_\_\_\_\_ VALID UNTIL: \_\_\_\_\_

PMA NO. \_\_\_\_\_ STATUS: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

E-MAIL \_\_\_\_\_ TEL. \_\_\_\_\_

MOBILE \_\_\_\_\_ FAX: \_\_\_\_\_

IF OFFICER OF THE ACADEMY (POSITION): \_\_\_\_\_

ACADEMIC POSITION: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

PUBLISHED PAPER/S AS SENIOR AUTHOR:



TITLE	PUBLICATION	DATE PUBLISHED

PUBLISHED PAPER/S AS CO-AUTHOR:

TITLE	PUBLICATION	DATE PUBLISHED

Note: Please attached Curriculum Vitae

STATEMENT OF ENDORSEMENT/S:

I hereby certify that I am a 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 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 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 Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed Name of Fellow

\_\_\_\_\_  
Printed Name of Fellow

\_\_\_\_\_  
Printed Name of Fellow

\_\_\_\_\_  
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** 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 **FELLOW** 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.

Printed Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PAO USE ONLY:**

**DUES AND FEES:**

Annual Dues: PhP \_\_\_\_\_

Assessment Fee: \_\_\_\_\_

Other/s: \_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT PhP                     

Method of payment:

- Cash
- Check, No. \_\_\_\_\_  
Bank \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

OR No. \_\_\_\_\_

*Note: Please attached Curriculum Vitae*