

**PHILIPPINE BOARD OF OPHTHALMOLOGY  
EXAMINATION APPLICATION FORM**

Exam applied for (please check)  Written Certifying Examination  Oral Examination

Please complete this form in block letters and submit with all the required documents.

**This form should be printed back to back and in A4 size bond paper.**

**GENERAL INFORMATION**

**NAME OF APPLICANT** \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE NAME)

**PERMANENT ADDRESS** \_\_\_\_\_  
No. Street City/Province

**MAILING ADDRESS** \_\_\_\_\_  
No. Street City/Province Zip Code

**TEL. NO.** \_\_\_\_\_ **CELFONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_  
(mm/dd/yyyy) (CITY/PROVINCE)

**AGE** \_\_\_\_\_ **CITIZENSHIP** \_\_\_\_\_ **CIVIL STATUS** \_\_\_\_\_

<b>OFFICE ADDRESS 1</b>		<b>TEL NO.</b>	
<b>OFFICE ADDRESS 2</b>		<b>TEL NO.</b>	
<b>OFFICE ADDRESS 3</b>		<b>TEL NO.</b>	
<b>OFFICE ADDRESS 4</b>		<b>TEL NO.</b>	

**EDUCATION**

<b>DEGREE/TRAINING</b>	<b>INSTITUTION</b>	<b>YEAR GRADUATED</b>	<b>INCLUSIVE DATES</b>
<b>MEDICINE</b>			
<b>INTERNSHIP</b>			
<b>RESIDENCY</b>			

<b>PHYSICIANS LICENSE NO.</b>		<b>DATE OF REGISTRATION</b>	
<b>BASIC COURSE IN OPHTHALMOLOGY – YEAR ATTENDED</b>			
<b>RESIDENCY THESIS/STUDY TITLE</b>			
<b>STUDY AUTHORS</b>			

<b>Have you taken the examination before?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES	<b>If yes:</b>	<b>No. of times taken</b>	
			<b>Years taken</b>	

Please see back for Pledge and Agreement.

**PLEDGE AND AGREEMENT**

I hereby certify that all the information provided is true and accurate. I further authorize the Philippine Board of Ophthalmology (PBO) to conduct verification of any of the provided information.

I understand that the PBO may permanently bar me all future examinations, invalidate the results of prior examinations taken, withhold or revoke my certificate, or take other appropriate action should I be found to be involved in any of the following:

- (1) Misrepresentation in the application or in any other information/documents submitted to the PBO,
- (2) Offering of financial or other benefit to any trustee/director, officer, employee or other agent or representative of the PBO in order to obtain a right, privilege or benefit not usually granted by the PBO to similarly situated candidates/applicants, or
- (3) Any irregular behavior before, during or after an examination (including, but not limited to copying questions or answers, sharing information, using notes, or otherwise giving or receiving aid) is discovered by observation, statistical analysis, or otherwise.

I further understand that the PBO may withhold performance/scores in any examination taken should it find reasonable grounds to believe that I was involved in any irregular behavior that may have compromised the integrity of an examination; and that the PBO reserves the right to require me to take an additional examination at a later date should there be any question regarding the validity of my scores.

I have read the following policies governing the examination materials and shall abide by them:

- (1) The examination materials (questions and visuals) asked in the Written Qualifying and Oral examinations are the sole property of the PBO and must not be removed by the candidate from the test area or reproduced in any way.
- (2) Any reproduction, in whole or in part, of the Written or Oral Examination materials is a punishable offense and may subject the candidate to the sanctions listed above.
- (3) No notes, textbooks, other reference materials, scratch paper, recording or electronic transmitting devices may be taken into either the Written or the Oral examinations.
- (4) Any attempt to recreate any portion of the examination from memory or otherwise is strictly prohibited.

I have read this agreement and voluntarily and willingly affix my signature to signify that I understand its content and bind myself to its provisions.

\_\_\_\_\_  
**Signature Over Printed Name of Applicant**

**Date Signed:** \_\_\_\_\_

FOR PBO USE ONLY	
Date Received	
Mode of Payment	
Check Payments	Bank Deposit
Payment Details: Check Payments	Bank Deposit
Bank/Branch:	Branch deposited
Check Date:	Transaction Date/No.
Date Received:	Date
OR No./Date	OR No./Date