PEDIATRIC RESIDENCY TRAINING PROGRAM
DOCUMENTARY APPLICATION REQUIREMENTS CHECKLIST

Name of Applicant: _____
Surname *Given Name* *Middle Name*

Mobile Number: _____ **Email Address:** _____

INSTRUCTIONS: The following requirements must be submitted in a **long brown envelope in the order listed below**.

Initial Documentary Application Requirements	Applicant	PETU
1. Application Letter addressed to the Medical Center Chief thru the Chief Medical Professional Staff, and Chair of the Department of Pediatrics		
2. Accomplished Personal Data Sheet (Civil Service Commission Form 212 – Revised 2017)		
3. Accomplished Work Experience Sheet (Attachment to Civil Service Commission Form 212 – Revised 2017)		
4. List of Research Paper/s Authored and/or Co-Authored		
5. One (1) authenticated copy of each of the following:		
a. Transcript of Records (Medical Degree)		
b. Medical Degree Diploma		
c. Certification of Rank in Class (Weighted Average)		
d. PRC Board Exam Rating		
e. PRC Board Exam Certificate		
f. Valid PRC License ID Card		
g. Postgraduate Internship Certificate of Completion		
6. Original Recommendation Letter regarding the Post Graduate Internship (PGI) performance from the PGI Training Program Officer (issued within six (6) months from the time of application)		
7. Four (4) pieces of each of the following (with complete name written at the back of each picture):		
a. 2x2 ID photo in royal blue background		
b. 1x1 ID photo in royal blue background		
Reminders: • Application with ***incomplete documentary requirements*** shall **not be accepted**. • **Original documents** shall be presented upon submission of application for verification. • Instructions for the next procedures (exam, interview, immersion) shall be provided by the Department of Pediatrics once all initial documentary requirements are submitted.	**Submitted by:** _____ *Signature Over Printed Name*	**Checked and received by:** _____ **Date:**

To be filled out by the PETU Staff:

☐ **Incomplete** (notified applicant regarding deficiencies)		☐ **Complete** (endorsed to Department of Pediatrics)	
Remarks:		**Remarks:**	
PETU Staff:	**Date:**	**PETU Staff:**	**Date:**