

THE PCP EXEMPLAR IN RESIDENCY TRAINING 2014-2015

NAME:	PHOTO (2 X 2)
Last Name First Name Middle Name	
RESIDENTIAL ADDRESS:	
Cel phone no. / E-mail address:	

Place of Birth	Date of Birth	Sex	Present Age	Citizenship	Marital Status
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Schools Attended	Institution(s)	Period
A. Grade School		
B. High School		
C. College		
D. Medical School		

	Institution(s)	Period	Awards/Honor
A. PGI / PGT			
B. Post Graduate Residency In IM			

Academic Honor(s) – eg Most Outstanding Resident

Research Output(s): Meta-analysis, Retrospective, Case Reports, Prospective Study

Submit summary or copy of paper, kindly include minimum research requirement per training institution - CAT's, etc.

Include also if paper is/was:

- presented (either oral or poster) in national or international conferences*
- accepted for publication or published*

Participation in PCP-related Scientific and Civic Activities:

Other socio civic activities:

Endorsements of 2 PCP Fellows (not by the Chairman or Training Officer of the Department of Medicine where the resident is in training).

	NAME	SIGNATURE	DATE
1.	_____	_____	_____
2.	_____	_____	_____

RECOMMENDATIONS

Signature over Printed Name

Training Officer, Dept. of Medicine

Chairman, Dept. of Medicine

Name of Hospital

I attest to all the facts stated herein and give permission for their publication.
If selected, I shall attend the awards ceremonies.

Signature of Candidate
over Printed Name

Date of Submission