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|  | **Professional Regulation Commission****International Affairs Office** |
| **APPLICATION FOR QUALIFYING ASSESSMENT/EXAMINATION FOR FOREIGN MEDICAL PROFESSIONAL** |

**Passport Size ID**

**Picture of the Applicant with**

**COMPLETE NAME**

**Tag in plain**

**white background**

**Note:** This application must be accomplished by the applicant and submitted at the Licensure and Registration

Division of any PRC Regional Office.

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| --- | --- |
| Application Number | Date of Examination |

**Categories:**

1. Residency Training Program
2. ASEAN Member States (Exempted from the qualifying assessment/examination)
3. non-ASEAN Member States
4. Fellowship Training Program
5. ASEAN Member States (Exempted from the qualifying assessment/examination)
6. non-ASEAN Member States

**Part I – Personal Data**

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| --- | --- | --- | --- | --- |
| Gender Male Female | Surname:  | Given Name: | Middle Name: | Date of Birth: (mm/dd/year) |
| Citizenship:  | Contact number and/or E-mail Address: | Philippine Mailing Address: |
| Have you ever been charged or found guilty of crime involving moral turpitude, negligence, incompetence, malpractice Yes No fraud, deceit, unprofessional, unethical, immoral or dishonorable conduct in relation to the practice of profession? If ***YES***, give particulars:  |
| Do you have any condition or impairment (including history of alcohol or substance abuse) that currently interferes, Yes Noor if left untreated may interfere, with your ability to pratice in a competent and professional manner? If ***YES***, give particulars:  |

**Part II – Educational Attainment**

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| --- | --- | --- |
| Highest Relevant Educational Qualification/Degree include entry on Premedicine and Medical Degree | Granting Institution | Year Conferred |
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**Part III – License/s Obtained**

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| --- | --- | --- | --- | --- | --- |
| Title of License | Place of Practice | Issuing Agency | License/Certification Number | Date Issued | Validity |
|  |  |  |  |  |  |
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**Part V- Acknowledgment**

**I HEREBY CERTIFY** that the above information supplied are true and correct to the best of my knowledge and belief, and further authorize the PRC to investigate the authenticity of all the documents presented. Further, I agree to the PRC Privacy Notice and give my consent to the collection and processing of my personal data in accordance thereto.

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 Signature over printed name of Applicant Date Accomplished

**Assessment and Evaluation of requirements**

 **Requirements for ASEAN Member States and non-ASEAN Member States:**

1. Duly accomplished Application Form for Qualifying Assessment/Examination
2. Letter of Intent to pursue medical residency or fellowship training in the Philippines addressed to the Professional Regulatory Board of Medicine Chairperson detailing therein his/her future professional plans, including place of practice after the completion of the training program (The name of the Chairperson is available at <https://prc.gov.ph/professional-regulatory-boards>)
3. Original or Certified True Copy of Transcript of academic records
4. Certification as a registered physician or its equivalent issued by the Ministry of Health/Professional Regulatory Authority or such other appropriate regulatory body in the foreign country/state
5. Letter of recommendation from the Dean of the College of Medicine from which he/she graduated (If the FMP applicant has started a training program, he/she must also submit a Certificate of Good Moral character from the training institutions/hospital.)
6. Three (3) pieces of passport size ID pictures in white background with name tag
7. Photocopy of valid passport as proof of citizenship; and
8. Photocopy of the valid 9 (a) or Temporary Visitor’s Visa issued by the Bureau of Immigration

**Note:** For legalization of document in the Philippines, all documents issued abroad from a member of the Apostille Convention must include an Apostille Certification by the appropriate competent authority of the issuing country. (The list is available at https://www.hcch.net/en/instruments/conventions/status-table/?cid=41). Document need not be authenticated by the Philippine Embassies/Consulates. However, in countries which are not Apostille-contracting parties and Austria, Finland, Germany and Greece, documents will still have to be authenticated by the Philippine Embassy/Consulate before they can be used in the Philippines.

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| **FOR PRC PROCESSING** |
| **Step 1: Action taken by the Assessor (Licensure and Registration Division)**  Complete IncompleteAssessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_  If incomplete, return for completion on or before: Date Completed :Assessed by : Date:    Reviewed by: Date:  | **Step 4: Action taken by the PRB of Medicine**  Approved for taking the Q.E. Exempted from taking the Q.E.   Disapproved for taking the Q.E. For completion of deficiencies Chairman  Member Member Member Member MemberRemarks/Reasons: |
| **Step 2: Action taken by the Cashier**  **Qualifying Examination Fee or** **Certificate of exemption from the qualifying examination fee**  O.R. No.: Amount Paid:  Cashier: Date:  |
| **Step 3: Action taken by the Processor (IAO-QRD)****IAO-QRD Ref. No.** Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Approved by: **VLADIMIR T. MATA** Date: \_\_\_\_\_\_\_\_\_\_\_\_ Director, IAO  | **Step 5: Action taken by the Licensure and Registration Division**  **Release of Notice of Admission (For applicants who will take the qualifying examination)**  Released by : Date:   Received by: Date: **OR** **Release of Certificate of Exemption (For applicants who are exempted from taking the qualifying examination)**   Released by : Date:   Received by: Date:  |

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