



PHILIPPINE ORTHOPAEDIC ASSOCIATION, INC.

FELLOWSHIP APPLICATION REQUIREMENTS

W 2106B Philippine Stock Exchange Centre Bldg.
Exchange Road, Ortigas Center, Pasig City 1605
Tel. Nos. 667-3926; 6673946; Fax No. 637-9842

1. He shall have been licensed to practice medicine.
2. Formal written application to the Philippine Orthopaedic Association c/o President or Secretary
3. The candidate must have passed the Diplomate Examination given by the Philippine Board of Orthopaedics.
4. The candidate must have one (1) scientific paper read or published as senior or main author.
5. He must have one year private practice and he must submit a list of major or minor operations & which is certified correct by a fellow of the POA, or by the Chief of Surgery or Chief of the Hospital where the candidate is doing the operations. The list of operations will be subject for review and scrutiny by the POA Board.
6. For those candidates coming from the Metro Manila area, they should have at least attended 50% of all scientific meetings & those coming from the provinces at least 20% of all monthly scientific meetings.
7. Applications must be received at least three (3) months prior to the Annual Convention in November of each year. Deadline for submission is **August 28, 2008 (Thursday)**.

If the minimum requirements are met the following supporting documents must be sent to the Secretariat of the Philippine Orthopaedic Association with non-refundable application fee of **P1,000.00**.

1. Filled application form (available at the POA Office).
2. Xerox copy of :
 - a. Medical School Diploma.
 - b. Certificate of Residency
 - c. Philippine Board of Orthopaedics Diplomate Certificate
 - d. One (1) research paper read/published or as main author
3. Letter of recommendation from at least 3 references who are certified POA Fellows of good standing.
4. Three (3) copies 2X2 colored picture in formal attire. (White background)



PHILIPPINE ORTHOPAEDIC ASSOCIATION
APPLICATION FOR FELLOWSHIP

(Pls.type or print)

Name: _____
Last First MI

Birth Date(mm/dd/yy): _____

Birth Place: _____

Home Address: _____

Tel/Fax: _____

Preferred Mailing Address: _____

Tel/Fax: _____

Mobile No.: _____ E-mail Address: _____

Institution Graduated From: _____ Year: _____

Geographical Place of Practice: _____

POA Chapter: _____

Hospital Affiliations:(Hospital, Tel/Fax)

Affiliate Medical Societies:(Society, Position if any)

Papers Presented or Published: (Date, Place, Journal)

Travelling Fellowship Represented/Attended and Year:

References: (POA Fellows Only)

1. _____

2. _____

3. _____

Name of Spouse: _____ Occupation: _____

Signature over printed name

Date: _____