



Philippine Medical Society of Northern California
Medical/Surgical/Dental Mission Volunteer
Application and Biodata

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Deadline for submission of completed Application is October 30, 2010

PLEASE PRINT OR TYPE

I would like to volunteer in the Medical/Surgical/Dental Mission in Sarangani Province/General Santos City on Jan 17 to 21, 2011

Name
First MI Last

Home Address
Number and Street City State Zip Code

Work Address
Number and Street City State Zip Code

Email Address Home Phone Work Phone

OCCUPATION

Physician * Specialty
 Dentist
 Nurse * general surgical OR ICU Other
 Student pre-med medical nursing dental
 Referred by _____

EDUCATION/TRAINING

1. College/University Year of Graduation
Address Degree
2. Internship Dates Attended
3. Residency Dates Attended
4. Fellowship/Other Training Specialty
Years Attended Specialty

Experience (Check all applicable, with number of years in each)

Hospital Practice No. of Years

Private Practice No. of Years

Teaching/Research No. of Years

Government Service No. of Years

Specialty Board Certification, if applicable

Name of Board Year Certified

Professional Licence Number Expires

Please attached wallet-size copy of license

Passport Information

United States Passport Other

Date of Birth

Sex: Male Female

Country of Birth Citizenship

Passport Number Placed Issued

Date Issued Date Expires

Emergency Contact: Friend or Relative to contact in case of emergency

Name Relationship

Address

Home Phone Work Phone

Referred by :

A \$25.00 (APPLICATION PROCESSING, NON-REFUNDABLE) FEE IS REQUIRED FROM ALL VOLUNTEERS. AN ADDITIONAL \$50.00 IS NEEDED FOR ALL THOSE REQUIRING TEMPORARY SPECIAL PERMITS FROM PRC (For MD's, Dentists & Nurses). PLEASE MAKE YOUR CHECKS WITH THE APPROPRIATE AMOUNT PAYABLE TO PMSNC ALONG WITH YOUR APPLICATION TO AVOID DELAYS IN PROCESSING.

Certified/Liability Agreement

1. I certify that all the information on this application form is correct.
2. If I am chosen as a mission volunteer, I agree to serve throughout the duration of the mission.
3. I have voluntarily enrolled in the Philippine Medical Society of Northern California - Medical Surgical Dental Mission to the Philippines. I understand that my travel to any new place, especially in an underdeveloped region, may involved changes in plans, unexpected delays, and limited access to health care and other services. I understand that I am subject to the laws of the country we are visiting, including those of migration, and that the Philippine Medical Society of Northern California can not be held accountable for the actions of the government or their representatives. I am aware that the use of transportation, housing, food and other goods, services or activities in connection with the mission carries a risk of personal injury and property damage or loss.
4. I release and discharge the Philippine Medical Society of Northern California and any co-sponsoring organization, their officers, directors, employees, and legal representatives from liability or injury, damage or losses incurred during or in connection with the Medical/Surgical/Dental Mission.
5. I agree to the Philippine Medical Society of Northern California's right to cancel the trip or to cancel my participation at any time as long as all the money I have paid to the travel agent is refunded to me, with the exception of any non-refundable sevice charges.

Signature

Date

Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
 P.O. Box 2038, Manila

APPLICATION FOR SPECIAL PERMIT



INSTRUCTION—This application must be accomplished in the handwriting of the applicant. Any false statement is subject to legal prosecution.

Profession Applied for	Date of filing	DO NOT FILL
		OR No. _____ Date _____ Amount _____

PART I—Personal Data

Surname	Given name	Maternal name	Sex	Civil Status
Place of Birth	Date of birth		Citizenship	
Philippine Address	Home address in his country	Date of arrival in the Philippines		
		Nature of stay—visit Permanent residence		

Have you ever been accused of, indicted, tried or convicted by any court of military tribunal or administrative body?
 _____ If so, attach herewith a copy of the decision of complaint if still pending

PART II—Professional Courses Taken

Title or Degree Received	College or University Graduated	Date Degree Conferred	Honors, Distinctions, or Awards Received

PART III—Specialization (State briefly your fields of specialization, special studies or courses taken)

PART IV—Licensure Examinations Passed

Name of Examination	Where taken/ Date	Rating	Certification/License		
			Number	date	issued by

PART V—Experience and Training

Exclusive dates of service	Position held	Employer	Country or state

If space is lacking use the reverse side

PART VI—Acknowledgment

I HEREBY CERTIFY that the information/data written by me above are true and correct to the best of my knowledge and belief. Signature of Applicant	SUBSCRIBED AND SWORN TO before me, Affiant exhibited to me his/her community tax certificate or passport as indicated hereunder.		
	Community Tax Certificate Classes A and B		
	Number	Date	Place Issued
When and Where Prepared	Place and date of acknowledgment		
Documentary stamp	Signature of Administering Officer and Title		