

**PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASE, INC. (PSMID)**  
#116 9<sup>th</sup> Avenue, Cubao, Quezon City 1109

**REGULAR MEMBERSHIP APPLICATION FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ CIVIL STATUS: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_  
\_\_\_\_\_  
CLINIC ADDRESS: \_\_\_\_\_ MOBILE NO. \_\_\_\_\_  
\_\_\_\_\_  
TEL. NO. \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

<b>ACADEMIC DEGREE</b>	<b>UNIVERSITY/INSTITUTION</b>	<b>YEAR GRADUATED</b>
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Medical Degree	_____	_____
Internship	_____	_____
Residency Training (state specialty)	_____	_____

ID Fellowship Training	_____	_____
_____	_____	_____

<b>LICENSURE EXAMINATION</b>	<b>YEAR PASSED</b>
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_____	_____
_____	_____

**PRESENT POSITIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC HONORS, RESEARCH FELLOWSHIP, AWARDS (include dates)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL MEDICAL ORGANIZATIONS**

(indicate if present or past officer, dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST OF RESEARCH WORK (PUBLISHED):** (Include authors/titles, name of publication, year, volumes, pages. Use additional sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECKLIST OF REQUIREMENTS:\***

- 2" X 2" picture
- Photocopy of PRC ID card / PMA ID card
- Certificate of Postgraduate Residency Training in Internal Medicine
- Certificate of Diplomate and/or Fellow status, Philippine College of Physicians (PCP)
- Certificate of Completion/Graduation at least 2 years Fellowship Training in Microbiology and Infectious Diseases in a program accredited by PSMID

**\*PAPERS WITH INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.**

