



2016
**JOINT ANNUAL CONVENTION
CT-MRI SOCIETY OF THE PHILIPPINES
ULTRASOUND SOCIETY OF THE PHILIPPINES**



LETTER OF VERIFICATION

Date: _____

Trainee Name: _____

Resident

Fellow in Training

Year Level:

I

II

III

IV

PCR Accredited Training Institution: _____

This is to certify that the above mentioned name is currently a trainee in our institution.

(Printed Name over Signature)
Department Chairman

(Printed Name over Signature)
Training Officer

*Incomplete forms will not be processed.

* This form may be photocopied or reprinted.