



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



LETTER OF VERIFICATION

Trainee Name: _____

Resident

Year Level:

I

II

III

IV

Fellow in Training

CT-MRI Fellow

Ultrasound Fellow

Others, Please specify: _____

Expected End of Training (mm/dd/yyyy) : _____

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

DATE SIGNED: _____

* Incomplete forms or with erasures will not be processed.
* This form may be photocopied or reprinted.