



ULTRASOUND SOCIETY OF THE PHILIPPINES

Units 807 & 809 Future Point Plaza1, 112 Panay Avenue, South Triangle, Quezon City

2x2 photo

PHILIPPINE BOARD OF ULTRASOUND 2025

APPLICATION FORM FOR EXAMINATION

_____	_____	_____
Surname	First Name	Middle Name
_____	_____	_____

_____	_____	_____
Sex	Date of Birth	Civil Status
_____	_____	_____

Mailing Address

_____	_____	_____
Tel. No.	Mobile and Viber Number	E-mail Address

Name, Address and Contact Number of current Hospital /Clinics/Place of Practice; if in training, place of Training Hospital:

ULTRASOUND FELLOWSHIP TRAINING:

_____	_____
Name and Address of Institution	Inclusive Dates

Year Inducted as **DIPLOMATE** of the PCR

Year Inducted as **FELLOW** of the PCR

Is this the first time that you will be taking the written exam? _____

If the answer is no, indicate the number of times and year/s taken _____

Is this the first time that you will be taking the oral exam? _____

If the answer is no, indicate the number of times and year/s taken _____

Endorsed by:

**Signature over Printed Name of
Department Chairman of Training Institution
and Date Signed**

**Signature over Printed Name of Ultrasound
Fellow Training Officer of Training Institution
and Date Signed**

I HEREBY CERTIFY that the information and/or statements in this application including the documents submitted in support thereof are all true and correct to my own knowledge, and that I am fully aware that any false information or statement in this application and/or in the attachments thereto shall render me liable for criminal prosecution and /or administrative sanction.

Applicant's Signature

Date Accomplished

PRC ID card number: _____ Date Issued: _____

Subscribed and sworn to me before this _____ day of _____ 20 ____ at _____. Affiant applicant exhibited to me the above stated PRC ID card.