ULTRASOUND SOCIETY OF THE PHILIPPINES

APPLICATION FOR ACCREDITATION FOR ULTRASOUND FELLOWSHIP TRAINING

Date of Application: _____

Name of Hospital: _____

Address of Hospital: _____

_____

Telephone Number: _____

E-mail Address: _____

Chairman, Department of Radiology:

_____ _____

Name Signature

Ultrasound Section Head/Chairman:

_____ _____

Name Signature

Ultrasound Fellowship Training Officer:

_____ _____

Name Signature

WE HEREBY CERTIFY that the information and/or statements in this application including the documents submitted in support thereof are all true and correct based on our own knowledge, and that we fully aware that any false information or statement in this application and/or in the attachments thereto shall render us 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.