



1311 Batangas St., Makati City
1611 Medical Plaza Ortigas

Requirements for Residency Application

Please provide 3 copies each of the following documents:

- ☐ Application Form
- ☐ Passport-size Picture (Please attach to Application Form)
- ☐ Transcript of Records (Xerox)
- ☐ Diploma (Xerox)
- ☐ Board Certificate (Xerox)
- ☐ Class Ranking
- ☐ Recommendation Letters/References
(Please provide these from 3 doctors who know you well)

Place a copy of each of the above-mentioned documents into 3 separate long brown envelopes with your name labelled on the upper left corner, with the exception of the Recommendation Letters/References which should be mailed directly to the Skin & Cancer Foundation, Inc. office (1311 Batangas St., Makati City).

For any inquiries, please call (02) 894-3952.



1311 Batangas St., Makati City
1611 Medical Plaza Ortigas

Application For Residency Training

Personal Information

Name:

Last

First

Middle

Address:

Home number and Street

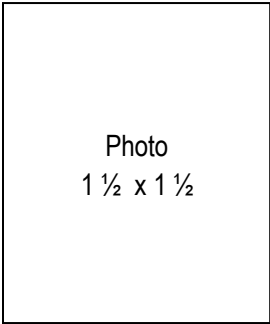
Building or Village

City, Province

Contact Numbers:

Telephone

Cell number



Age:

Sex:

Marital Status:

Spouse

Name:

Occupation:

Exact Business:

Place of Business:

Children

Ages:

School where enrolled:

Mother

Name:

Occupation:

Address:

Father

Name:

Occupation:

Address:

Hobbies:

Academic Background

	Institution/Location	Year Graduated
Grade School:		
High School:		
Pre-Med:		
Course:		Honors:
Medical School:		Year:
Honors:		
Class Standing (out of Total):		
Internship:		Year:
Medical Board Exams (Philippines) Grade:		Year:
<u>Post-Graduate Training</u>		
Residency:		Year:
Fellowship:		Year:
<u>Membership/Positions Held</u>		
Medical Societies:		
Socio-civic Organizations:		
Religious Organizations:		

STATEMENT OF PERSONAL QUALIFICATIONS
(Recommendation – Confidential)

(Name/Address of Reference Evaluator)
Re: (Name of Applicant)

The individual named above, an applicant for residency training at the Skin and Cancer Foundation, Inc., has chosen you as reference to aid us in evaluating his/her application for admission. The information you are requested to furnish is of vital importance to the applicant and to us, and as such, it will be held in strict confidence.

In answering the questions below and rating the applicant, please take into account your role as indicated above. Kindly enclose the accomplished form in the attached self-addressed envelope provided by the applicant, seal and mail to us. The applicant, for obvious purposes, is not allowed to hand-carry the accomplished evaluation. Affix your signature, initial on the closed flap of the envelope.

Your cooperation in this endeavor will be highly appreciated.

Thank you.

- 1. How long have you known the applicant and as what?
- 2. How did you come to know the applicant?
- 3. Aside from the factors mentioned below, what specifically are the applicant's strong points?
- 4. What specifically are his/her weak points?
- 5. Please comment on the applicant's:
a. Moral Character
b. Potential for success as a dermatologist

	Outstanding	Excellent	Good	Average	Poor	Not observed
Intellectual ability						
Clarity of expression: oral						
Clarity of expression: written						
Initiative						
Maturity						
Leadership ability						
Emotional stability						
Diligence						
Integrity						

- I recommend the admission of the applicant to the position applied for.
- Considering my total appreciation of the applicant, I do not fully endorse the admission of the applicant to the position applied for.

Institution: Signature:
Date: