

## Philippine College of Emergency Medicine, Inc.

A Specialty Society under the Specialty Division of Family and Community Medicine Member, International Federation of Emergency Medicine (IFEM) Member, Asian Society for Emergency Medicine (ASEM)

## **CERTIFICATE OF CANDIDACY**

## **INSTRUCTIONS:**

- 1. Please fill this up legibly in two (2) copies.
- 2. Kindly attach your updated Curriculum Vitae.
- 3. Candidates may submit the documents above to the PCEM office, during office hours (8:00 AM to 5:00 PM, except weekends and holidays) **or** email it to <u>elecom@pcem.ph</u>, from **January 15, 2019 to March 16, 2019**.

I hereby anno on the prescr																	ine (PCEM) Board of Directors, :				
1. NAME:																	12. GENDER: 13. AGE:				
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1.2 First Name						1	1						1		<u> </u>	_	14. DATE OF BIRTH:				
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4. EMAIL ADDRESS AND CONTACT NO:	16. CIVIL STATUS:								
	Single Married								
5. FELLOW OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE FO	R: 17. HOSPITAL AFFILATION/S:								
<ul> <li>6. I AM A DULY LICENSED PHYSICIAN BY THE PHILIPPINE PROFESSIONAL REGULATION COMMISSION.</li> <li>7. I AM A CERTIFIED DIPLOMATE OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE IN GOOD STANDING.</li> <li>8. I AM A CERTIFIED FELLOW OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE IN GOOD STANDING.</li> </ul>									
<b>9.</b> I WILL SUPPORT AND DEFEND THE BY-LAWS OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE IN GOOD STANDING. <b>9.</b> I WILL SUPPORT AND DEFEND THE BY-LAWS OF THE PHILIPPINE COLLEGE OF EMERGENCY MEDICINE AND WILL MAINTAIN TRUE FAITH AND ALLEGIANCE THERETO. I WILL OBEY THE LAWS, LEGAL ORDERS AND DECREES PROMULGATED BY THE DULY CONSTITUTED AUTHORITIES. I IMPOSE THIS OBLIGATION UPON MYSELF VOLUNTARILY, WITHOUT MENTAL RESERVATION OR PURPOSE OF EVASION.									
<b>10</b> . IF ELECTED, I WILL ENDEAVOR TO FULFILL THE DUTIES OF MY OFFICE TO THE BEST OF MY ABILITIES.									
I hereby certify that the facts stated herein are true and correct to the best of	my knowledge.								
Signature of Candidate over Printed Name									