



PSH CERTIFYING EXAMINATION FOR PHILIPPINE HYPERTENSION SPECIALISTS

COMPLETION OF APPLICATION:

Fill in as appropriate ALL information requested on the Application.

All questions must be answered.

Mark one response only unless otherwise indicated.

Date & sign the application in the space provided.

Submit the application with the appropriate fee to:

Philippine Society of Hypertension

Unit H, 11th Floor, Strata 100, F. Ortigas Exchange Road

Ortigas, Pasig City

or scan and email at phihpn@yahoo.com

SCHEDULE: to be advised

FEES:

Application Fee for the Qualifying Examination for Philippine Hypertension Specialists: **₱ 12,000.00**

Make check or money order payable in Philippine Pesos to:

Philippine Society of Hypertension

BPI (Savings) #3303-2103 25

(*after scan your deposit slip and email at phihpn@yahoo.com)

REFUNDS:

A candidate who has paid the Application Fee who is unable to take the examination may receive a partial refund of **₱1,500.00** if a request is received in writing up to 30 days after the testing date. Requests for refund will not be honored after the 30 days. A candidate may also request the Application Fee paid to be applied to a subsequent Qualifying Examination which he/she will take. In the event that the subsequent application fee is greater than that paid for, the candidate will need to pay the difference. Written requests should be email to:

PSH Hypertension Specialists Program Committee

email ad: phihpn@yahoo.com

NOTICE TO TESTING:

A notice or advice will be provided to all qualified candidates at least one week before the examination

NOTICE OF RESULTS:

Candidates will be notified within four (4) weeks whether they have passed or failed the examination. The total examination scores will be provided.

REEXAMINATION:

There is no limit to the number of times the examination may be repeated but the examination fee must be paid each time.

CONFIDENTIALITY:

The test scores of a candidate will be released only to the candidate.

CONTENT OF EXAMINATION:

1. The Certifying Examination will be weighted in approximately the following manner:

- | | |
|-----------------------------------------------------|-----|
| • Basic Science | 10% |
| • Essential Hypertension | 20% |
| • Treatment | 30% |
| • Treatment of Special Conditions | 10% |
| • Secondary Hypertension and Hypertensive Urgencies | 20% |
| • Hypertension in Special Groups | 10% |

COURSE ON THE FUNDAMENTALS OF CLINICAL HYPERTENSION

This course is designed to serve as a review and update of clinical knowledge of hypertension and related disorders for specialists in hypertension. It may be useful for preparing to take the PSH Certifying Examination for Hypertension Specialists. Further information may be obtained from the PSH Secretariat (Daisy #0906-6453320 or Weng-0917-6255810)



AFCE No. _____

APPLICATION FORM FOR CERTIFYING EXAMINATION FOR PHILIPPINE HYPERTENSION SPECIALIST

CANDIDATE INFORMATION

NAME			
Please print	Last name	First Name	M.I.

ADDRESS (Home):

(Office):

Telephone (Home): (Office):

Cell phone No.: Fax:

E-mail address:

PRC License Number: Gender: Male Female

Age at last birthday: years

Medical School Graduated: Year

Training Programs: Year

Residency/ies:

Fellowship/s:

Current Hospital Staff Appointments:

Current Medical School Appointments:

If you are currently in a fellowship program, please specify program type, year and institution:

Program Type	Year	Institution

Membership in Medical/Scientific Societies:

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Other Professional Activities:

ELIGIBILITY INFORMATION

1. Current Primary Board Certification:
- PCP PAFP PPS
- POGS PCS Others _____
2. Current Subspecialty Board Certification(s):
- PCC PSEM PSN
- PCCP PSMD Others _____
3. Length of practice of Medicine apart from any training program
- ____ less than 2 years ____ 2 to 5 years
- ____ 5 to 10 year ____ more than 10 years
4. Percentage of your practice devoted to Hypertension:
- ____ 10 to 19% ____ 20 to 39% ____ 40 to 59%
- ____ 60 to 79% ____ 80 to 100%
5. Indicate your primary practice area (one only)
- ____ Cardiology ____ Nephrology ____ Endocrinology
- ____ Neurology ____ Internal Medicine ____ Family Practice
- ____ Geriatrics ____ Pediatrics ____ Others _____
6. Have you ever been the subject of a limitation, suspension or revocation of license to practice? _____
7. Have you been the subject of disciplinary action by any health care facility in the last five years? _____

CANDIDATE CERTIFICATION AND CONSENT

I certify that the information given in this Application, including all enclosures, is accurate, correct and complete.

I consent to my professional qualifications being evaluated by the PSH Hypertension Specialists Program and for them to contact persons named in this Application as well as other persons for verification and additional information as appropriate for the evaluation of my candidacy. I authorize any organization or individual to provide verification of the information provided in this Application.

Candidate Signature

Date

AFCE No. _____

NAME: _____

Applicant checklist:

_____ **copy of documents supporting board status, medical staff and academic appointments enclosed**

_____ **application form completed & signed**

_____ **2 pcs- 2X2 black and white photo**

_____ **appropriate fee enclosed (P12,000.00)**

:January 21, 2021