UNIVERSITY OF CEBU MEDICAL CENTER



Ouano Ave., North Reclamation Area, Mandaue City Tel No. (032) 517.0888

APPLICATION FORM FOR JUNIOR CONSULTANT/GENERAL PRACTITIONER

Name: (Family)	(First)	(Middle)	PRC NUMBER :
Mailing Address:			Mobile Number:
Residence:			Telephone Number:
Nationality:	Date of Birth:	Age:	Status:
E-mail Address:			Fax Number:
Educational Attachments (I	Please provide separate she	pets if necessary)	
Name of Institution	Location	Dates	Degree
		·	
Postgraduate Training and	/ or Courses: (Please provid	le separate sheets if necessary)
Name of Institution	Location	Dates	Degree
Requirements for Junior Consultan	its:		Remarks:
1. Application Letter addres	sed to the Assistant Chief of Clinics	s (Dr. Eduardo Lee Jr.)	
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3. Medical School Diploma			
4. TOR			
5. PRC ID			
6. Certificate of Specialty Training from an approved Residency Program			
7. Specialty Board Certificate			
8. TIN, SSS, PTR, Pag-ibig, S2 (optional) numbers			
9. BLS Certificate / ACLS Certificate			
10. 2 x 2 photos (2pcs)			