
RESIDENCY TRAINING CREDENTIALS CHECKLIST

- Application Letter
- Curriculum vitae
- 2x2 size picture (2pcs.)
- Letter of Recommendation bearing official seal from
 - Dean of Medical School
 - Program Head, Post Graduate Internship
- Authenticated and Certified True Copy of the ff:
 - Transcript of Records
 - Medical School Diploma
 - Certificate of Post Graduate Internship
 - Medical Board Certificate and Rating (with English translation for foreign certificates)
- Additional Requirements for Foreigners
 - Current passport and visa
 - Alien Certificate of Registration from Bureau of Immigration (to be renewed regularly)
 - Clearance from the Department of Foreign Affairs
 - Letter of Recommendation from the Country of Origin
 - Temporary Training Permit or License to Practice in the Philippines from the Professional Regulations Commission
 - Permit to Practice from PRC

- Send complete documents to:

ELMER S. JABAGAT, MD, FPCS, FPSGS
Medical Director

Through

CRISSELLE ANGELI C. BARCENAS, MD, FPSA, MMHA
Chief of Clinics

SOUTHWESTERN UNIVERSITY
Medical Center

A MOUNT GRACE PARTNER 

APPLICATION FORM

Residency Training Program

DEPARTMENT: _____ POSITION APPLIED FOR: _____

Family Name _____ First Name _____ Middle Name _____

Nationality _____ Date of Birth _____ Age _____ Status _____

Mailing / Residence Address _____

Email Address _____ Cellphone Number _____ Residence Telephone Number _____

PRC Number _____ SSS Number _____ TIN Number _____ PHIC Number _____

EDUCATIONAL ATTAINMENT

Name of Institution	Address	Date Graduated	Degree

POST GRADUATE TRAINING/COURSES

Name of Institution	Address	Date Accomplished	Degree

LICENSES, CERTIFICATE, PROFESSIONAL MEMBERSHIP

What languages/dialects do you speak? _____

Where do you intend to practice? _____

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REFERENCES (List 3 academic heads or senior consultants whom you have worked or closely associate)

Name	Position	Contact Number

Signature of Applicant above Printed Name



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RESIDENT'S ADMISSION EVALUATION

Name: _____

Evaluation Results

Score/Comments/Remarks

1. Written Examination

2. Panel Interview

3. Pre residency for New Residents

4. Previous Residency for Lateral Entrants

5. Psychometric Evaluation

RECOMMENDATION FOR ACCEPTANCE:

TRAINING OFFICER

DEPARTMENT CHAIR

CHIEF OF CLINICS

FINAL APPROVAL

MEDICAL DIRECTOR

If this applicant is employed,

Please indicate dates of:

Pre-Residency _____

Orientation _____

Physical Examination _____

Appointment _____