



PHILIPPINE MEDICAL ASSOCIATION

APPLICATION FOR SPECIAL PERMIT

PRC Form 103-A

INSTRUCTION:
This application must be accomplished in the handwriting of the applicant. Any false statement is subject to legal prosecution.

Profession applied for	Date of Filing	DO NOT FILL
		OR No.: _____ Date: _____ Amount: _____

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Part I - Personal Data

Surname	Given Name	Maternal Name	Sex	Civil Status
Place of Birth	Date of Birth		Citizenship	
Philippine address:	Home address of his country:	Date of Arrival: Nature of stay: _____		

Have you ever been accused of, indicted, tried or convicted by any court of military tribunal or administrative body? No Yes
If so, attach herewith a copy of the decision of the complaint if still pending.

Part II - Professional Course Taken

Title/Degree Received	College/ University Graduated	Date Degree Conferred	Honors, Distinctions or Awards Received

Part III - Specialization (State briefly your fields of specialization, special studies or courses taken)

Part IV - Licensure Examinations Passed (Indicate if License Obtained in the Philippines)

Name of Examination	Where taken/date	Rating	License/Certification Number	Date issued

Part V - Experience and Training

Dates of Service	Position Held	Employer	Country or State

Part VI - Acknowledgment

I HEREBY CERTIFY that the information/date written by me above are true and correct to the best of my knowledge and belief.

SUBSCRIBED AND SWORN TO before me affiant exhibited to me his/her passport as indicated hereunder

Signature of Applicant	Passport Number: _____ Date of Issue: _____ Place of Issue: _____
When and Where Prepared	Place and date of Acknowledgment