**RTC CLEARANCE FORM**

**(Version 2017)**

**PHILIPPINE COLLEGE OF RADIOLOGY**

**Specialty Society Recognized by the Philippine Medical Association**

Residency Training Council

**CLEARANCE FORM**

PBRE - 1

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| --- |
| **Print Legibly PERSONAL INFORMATION** |
| **Last Name:** | **First Name:** | **Middle Name:** |
| **CONTACT INFORMATION** |
| **Email Address:** | **Landline No.:** | **Mobile No.:** |
| **TRAINING INFORMATION** |
| **Residency Training Institution:** |  |  |
| **Date of Residency Training Started:** | **Date of Completion Residency Training:** | **Present Year Level:** |
| **REQUIREMENTS** |
|  | 1. *Attendance to Scientific Meetings*

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|  | 1. *Updated/Tabulated Census of the Hospital Cases*
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|  | 1. *Photocopy of In-Service Examinations*
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|  | 1. *Scientific/Proposal/Research Paper submitted and signed by Chairman of the Department, Training Officer, and Research Adviser for the PBRE-1 and approved by the RTC Research Committee (RC-001 Form)*
 |
|  | 1. *Endorsement Letter from Chairman of the Department and Training Officer*
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|  | 1. *Photocopy of the Certificate of Hospital Accreditation when residency was started*
 |
|  | 1. *Photocopy of the present Certificate of Hospital Accreditation*
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|  | 1. *Photocopy of Departmental Logbook showing attendance to Departmental and Interdepartmental Conferences (Certification Form signed by Training Officer)*
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|  | 1. *Basic Life Support Certificate*
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DO NOT WRITE BELOW THIS LINE

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**To Philippine Board of Radiology:**

I am respectfully endorsing the above-mentioned resident to take PBRE-1 on June \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

He/She has complied with all RTC requirements.

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**Marc James DC Delos Santos, MD, FPCR**

*Chair*

Residency Training Council

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_