



PHILIPPINE SOCIETY FOR REPRODUCTIVE MEDICINE (PSRM), INC.

Formerly known as Philippine Society of Reproductive Endocrinology and Infertility, Inc. (PSREI)
 Affiliated by: Philippine Medical Association (PMA)
 International Federation of Fertility Society (IFFS)

RECORD OF ART CREDENTIALS & LEVEL OF COMPETENCE

 DATE SUBMITTED

Name of Fellow:

 (Last Name)

 (First Name)

 (Middle Name)

Year Fellowship in
 PSREI acquired

SECTION I: IVF Training

A. Fellowship Training in Reproductive Endocrinology and Infertility *(Attach Certificate of Training and Transcript of Records if any)*

Institution _____

Years Covered _____

Intensive Hands-on IVF Training included? Yes No

No. of IVF cycles completed as clinician/surgeon *(if any)* _____

B. Training in Assisted Reproductive Technology

1. Didactic Course/s Only

(Attach Certificate of Attendance/Completion if any)

Course	Institution	Dates Covered	Description



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2. Observership Course/s in IVF (No Hands On) (Attach Certificate of Attendance/Completion if any)

Course	Institution	Period Covered/Dates	Description of Accomplishments

3. Short-term IVF Courses with Hands-On Exposure (<6 months) (Attach Certificate of Attendance/Completion if any)

Course	Institution	Period Covered/Dates	Accomplishments (No. of Cycles/ Procedures)

4. Long-term IVF Courses with Hands-On Exposure (>6 months) (Attach Certificate of Attendance/Completion if any)

Course	Institution	Period Covered/Dates	Accomplishments (No. of Cycles/ Procedures)



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SECTION II: Private IVF cases handled

- A. Have you done IVF cases in private practice? Yes No
- B. When did you start? Year _____
- C. Please complete the table below if your answer to Section 2A is YES.
 (Attach Certificate of Completion signed by the Medical Director per IVF Lab)

Year	Local IVF Lab	IVF Cycles/ OPUs Completed
Before 2016		
2016		
2017		
2018		
2019		
2020		
2021		
2022		

SECTION III: ART Publications and Presentations

(Please list down with complete annotation; Eg. author, title, journal, year, and other relevant data as necessary; attach additional sheets as necessary)

- A. Publications concerning ART/IVF**
- a. Research papers
 - b. Books or chapters written
- B. Unpublished Research Papers**
- C. Lectures/ Oral presentations**
- D. Others**



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IMPORTANT REMINDER

The Philippine Society for Reproductive Medicine, Inc. collects and processes information about its members. The Data Privacy Act of 2012 requires your agreement before this can be done. In signing this form, you are giving consent for your personal and sensitive information to be processed under the rules and safeguards laid down by the Data Privacy Act of 2012. The Philippine Society for Reproductive Medicine, Inc. has procedures in place to ensure that all information held about you will be dealt with confidentiality, held securely and only processed in accordance with the Philippine Society for Reproductive Medicine, Inc.'s notification to National Privacy Commission, who administers the Act.

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby certify that the above information written by me are true and correct to the best of my knowledge and belief.

I authorize the Philippine Society for Reproductive Medicine, Inc. to thoroughly investigate the authenticity of all the documents presented. I further authorize the reference persons to disclose to the society any and all information they may have concerning my membership.

I hereby release the company, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure.

I am giving my consent to the collection and processing of data in accordance thereto.

(Signature Over Printed Name)

Date