

PHILIPPINE BOARD OF THORACIC, CARDIAC AND VASCULAR SURGERY, INC. (PBTCVS)

Room 514, 5th Floor, Medical Arts Building, Philippine Heart Center, East Avenue, Quezon City / Telephone Numbers: (632) 925-2401 loc. 3534 / Telefax: (632) 929-3826 Email: pbtcvs1976@gmail.com

DECLARATION STATEMENT

I DECLARE THAT THE FOREGOING DOCUMENTS REQUIRED BY THE PBTCVS, TO BE ELIGIBLE TO TAKE THE CERTIFYING EXAMINATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSITY THEREOF CAN BE A GROUND FOR THE PERMANENT REVOCATION OF MY APPLICATION FOR THE CERTIFICATION IN THE SPECIALTY OF THORACIC, CARDIAC, AND VASCULAR SURGERY

- Letter of Intent addressed to: CHAIRMAN of the PBTCVS Thru: SECRETARY-TREASURER of the PBTCVS
- 2. A completed PBTCVS application form with recent 2 x 2 pictures. (PBTCVS Form 1)
- 3. A FAITHFUL COPY of medical school diploma.
- 4. A FAITHFUL COPY
- 5. A FAITHFUL COPY