

\_\_\_\_\_  
(Date)

\_\_\_\_\_, MD  
(PPS National Treasurer / PPS Chapter Treasurer)

### ENDORSEMENT LETTER

I hereby certify that \_\_\_\_\_, MD  
completed / will complete her pediatric residency training from our  
institution on \_\_\_\_\_.

This certification is being issued as part of the requirements in order for  
Dr. \_\_\_\_\_ to be issued a non-member's RFID card after  
payment of the RFID card fee of **FIVE HUNDRED FIFTY PESOS**  
(Php 550.00). It is of our understanding that the RFID card will be ready  
for pick up at the PPS main office in Quezon City or the PPS Chapter  
office where she gave her payment one month prior to the \_\_ Annual  
Convention on April \_\_, \_\_\_\_\_.

Thank you.

Sincerely,

\_\_\_\_\_, MD, FPPS  
*Chair, Department of Pediatrics*

\_\_\_\_\_  
(Name of Accredited Hospital)

