

 PHILIPPINE ACADEMY OF MICROBIOLOGY, INC. (PAM)		FORM PAM-FM-07-01-002	
10037 Ruby St. Los Baños Subd. Brgy. Batong Malake, Los Baños Laguna 4030 Email: connect@pam.org.ph ; CP: 09175160793			
Section	Records and Information Requirement	Page	1
Subsection	Records of applicants, candidates, and certified persons	Effectivity Date	January 1, 2017
Subject	Application Form for Registered Microbiologist Without Certification Examination for a Doctorate Degree Holder in Microbiology or a Closely Related Field	Revision no.	1

2" x 2" Photo
of
Applicant

GENERAL INFORMATION

Name of Applicant		
Permanent Address		
Mailing Address		
Date and Place of Birth		
Name and Address of Employer		
Present Occupation / Position in Employment		
Landline Number	Mobile Number	Email Address
Nationality	Civil Status	Gender

1. ACADEMIC QUALIFICATIONS

Degree	Specialization	University and Address	Year Graduated

2. MICROBIOLOGY COURSES TAKEN IN ALL DEGREES ATTAINED

Microbiology Courses	Number of Units
General or Basic Microbiology	
Microbial Physiology	
Diagnostic or Clinical Microbiology	
Microbial Ecology / Environmental Microbiology	
Microbial Genetics	
Microbial Taxonomy / Microbial Identification	
Soil Microbiology	
Food Microbiology	
Industrial Microbiology	
Medical Microbiology	
Molecular Microbiology	
Mycology	
Virology	
Phycology	
Plant Pathology	
Public Health Microbiology	

Practicum in Microbiology	
*Research/Thesis in Microbiology	
Others (please specify)	

*Must attach: 1) Photocopy of the acceptance page or certified true copy of the certification of adviser that the research is in microbiology, and
2) Title and abstract of the research

3. LIST OF ISI/WoS/Scopus-INDEXED PUBLICATIONS (in the last seven years)

For equivalencies requiring one article, the article must have the applicant as the lead or corresponding author. For those requiring two or more articles, at least two of these must have the applicant as the lead or corresponding author. (*Attach supporting documents*)

Author(s)	Year of Publication	Title of Publication	Journal Published (vol: no., pages)

4. PROFESSIONAL EXPERIENCE

At least five (5) years of professional work experience in the field of microbiology within the last seven (7) years is required. (*Attach supporting documents*)

Name of Employer/Institution	
Address of Employer/Institution	
Contact Number of Institution/Employer	
Email Address of Employer/Institution	
Position of Applicant	
Inclusive Period (Month and Year)	
Name of Employer/Institution	
Address of Employer/Institution	

Contact Number of Institution/Employer	
Email Address of Employer/Institution	
Position of Applicant	
Inclusive Period (Month and Year)	
Name of of Employer/Institution	
Address of Employer/Institution	
Contact Number of Institution/Employer	
Email Address of Employer/Institution	
Position of Applicant	
Inclusive Period (Month and Year)	

I certify that the information I provided on and in connection with this form is true and correct.
I agree to comply with the certification requirements and to supply any information needed for assessment.

APPLICANT	ENDORSEMENT by PAM Member (Diplomate or Fellow)
Signature over printed name	Signature over printed name
Date:	Date:

NOTE:

Send one set of hard copies of the following together with the accomplished application form:

1. Diplomas or certifications of graduation
2. Transcripts of records or certified true copy of grades
3. Copy of the first page of the ISI/WoS/Scopus-indexed publications
4. Certificate(s) of employment

SEND ABOVE DOCUMENTS TO:

The PAM Chair

10037 Ruby St. Los Baños Subdivision, Brgy. Batong Malake, Los Baños, Laguna, 4030

Contact Information: 09175160793

SOFT COPIES of all submitted forms and documents **SHOULD ALSO** be emailed to:

The CBd Secretary. Email address: connect@pam.org.ph

Upon approval of application, a certification fee of Php 3,000.00 will be required.

Pay to: PAM PNB account number: 246470000865, and submit a copy of the payment receipt to : connect@pam.org.ph

PAM CBd

September 3, 2025