



**PHILIPPINE ACADEMY OF MICROBIOLOGY, INC.
(PAM)**

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

Email: connect@pam.org.ph; CP: 09175160793

FORM
FORM

PAM-FM-07-01-002A

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 an MS Degree Holder Under Meritorious Cases (<i>Academe or Research</i>)	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. PROFESSIONAL EXPERIENCE

At least an Assistant Professor rank in HEI recognized by CHED, or a Researcher rank equivalent to at least an Assistant Professor rank.

At least fifteen (15) years of professional work experience (either in teaching or research or both) in the field of microbiology. (Attach supporting documents)

Institution/Employer Name	
Address	
Contact Number of Institution/Employer	
Email Address	
Position	
Nature of MCB-related Work	
Inclusive Period (Month and Year)	
Institution/Employer Name	
Address	
Contact Number of Institution/Employer	
Email Address	
Position	
Nature of MCB-related Work	
Inclusive Period (Month and Year)	
Institution/Employer Name	
Address	
Contact Number of Institution/Employer	
Email Address	
Position	

Nature of MCB-related Work	
Inclusive Period (Month and Year)	

4. PUBLICATIONS

At least five (5) ISI/WoS/Scopus-indexed publications in microbiology *in the last seven (7) years*, with at least two (2) articles having the *applicant as the lead or corresponding author*.

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

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 copies of grades
3. Certificate(s) of employment
4. Copy of the first page of the ISI/WoS/Scopus-indexed publications

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