10037 Ruby Baños Lagu	V St. Los Baños Subd., Brgy. Batong Malake, Los una 4030 nect@pam.org.ph; CP: 09175160793	FORM PAM-FM-07-01-002	
Section	Records and Information Requirement	Page	1
Subsection	Records of applicants, candidates, and certified persons	Effectivity Date	January 1, 2025
Subject	Application Form for Specialist Microbiologist	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

	Degr	ree	Specializ	ation	University an	d Address	Year Graduated	
2.	CERTIFICA	TION AS I	MICROBIOLOG	IST BY PA	<b>AM</b> (Attach certi	fication)		
				ID	Number	Date	Date of Certification	
ľ	Registered I	Microbiol	ogist (RMicro)					
3.	<ul> <li>3. STATUS IN THE PHILIPPINE SOCIETY FOR MICROBIOLOGY, INC. <ul> <li>a. Life Membership (Include photocopy of the certificate)</li> <li>Date of Acceptance:</li> </ul> </li> <li>b. Attendance in at least two (2) PSM Annual Conventions in the last five (5) years. <ul> <li>One of the two required PSM annual convention attendance can be replaced by attendance in two cluster symposia or two regional symposia or conventions.</li> <li>(Attach supporting documents).</li> </ul> </li> </ul>						e replaced by nventions.	
	Fiscal Year	PSM Ann	nual Convention	PSM CI	uster Symposiui		Regional Symposium or Convention	
			_					
4	PROFESSIO	ONAL EXE	DEDIENCE			•		

At least four (4) years of professional experience in the field of microbiology within the

last seven (7) years is required. (Attach supporting documents)

1. ACADEMIC QUALIFICATIONS: At least an MS in Microbiology or related field is required.

(Include photocopies of diplomas)

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

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Signature over printed name / Date

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

- 1. Certificate as RMicro Transcripts of records or certified true copy of grades
- 2. MS /PhD Diploma or Certificate of graduation
- 3. Proof of payment (bank deposit slip) of application fee of Php 3,000.00.
- 4. Proof of employment: at least four (4) years of professional experience within the last seven (7) years
- 5. Certificate of attendance to PSM annual/regional conventions and /or cluster symposia.

Pay to: PAM PNB account number: 246470000865

## **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: <a href="mailto:connect@pam.org.ph">connect@pam.org.ph</a>

Submit only information/documents relevant to the evaluation.

## FOR PAM CERTIFICATION BOARD (CBd) USE ONLY

TOKT AN CERTIFICATION BOARD (CDG) USE ONE!						
Application fee Certification fee	Amount (Php 3,000) (Php 4,000)	OR Number	Date	Remarks		
EVALUATED BY	PRINTE	ED NAME AND S	IGNATUF	RE		
CBd CHAIR						
CBd SEC						
CBd MEMBER						
CBd MEMBER						
CBd MEMBER						
ACTION TAKEN:	[ ] APPRO\	/FD	ſ	] DISAPPROVED		
		, LD	L	JOIOAITROVED		
Remarks						

PAM CBd September 3, 2025