



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

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

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FORM
PAM-PRF-001

Section	Records and Information Requirement	Page	1
Subsection	Records of applicants, candidates, and certified persons	Effectivity Date	October 1, 2025
Subject	Application Form for Certification Exam for Registered Microbiologist	Revision No.	1

2" x 2" Photo of Nominee

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) Original copy or certified true copy of the certification of adviser that the research is in microbiology, and
2) Title and abstract of the research

NOTE: An applicant should declare, within reason, any request for accommodation of his/her special needs.

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.

Signature and Date

The examination covers the areas of Basic Microbiology, Microbial Physiology, Microbial Ecology, and Virology. A choice between Medical Microbiology or Food Microbiology as the additional examination subject (Elective) is given in the afternoon of the second day of the examination. Please tick only one of the boxes below to indicate your choice for elective.

Medical Microbiology

Food Microbiology

Email the completed application form together with the following documents (as ONE PDF FILE ONLY) to **The CBd Secretary**. Email address: **cbd@pam.org.ph**

1. Diploma or certification of graduation
2. Transcript of records or certified true copy of grades
3. Proof of payment (bank deposit slip) of the application fee of PhP 3,000.
4. For re-examinees, only proof of payment of PhP 2,000 (examination fee) and the letter of the previous exam results should be submitted together with the accomplished application form.

Pay to: PAM PNB account number: 246470000865

FAILURE TO SUBMIT/ACCOMPLISH ANY OF THE ABOVE REQUIREMENTS DISQUALIFIES THE APPLICANT FROM TAKING THE EXAM.

FOR PAM USE ONLY

	Amount	OR Number	Date	Remarks
Application fee	(PhP 3,000)			
Examination fee	(PhP 2,000)			
Certification fee	(PhP 3,000)			

Updated by:

PAM CBd
April 11, 2026