

**PHILIPPINE BOARD OF OPHTHALMOLOGY
RECOMMENDATION FORM**

To be accomplished by Department Chair. The person named below is applying to take the Written Certifying Examinations of the Philippine Board of Ophthalmology. As Department Chair, you are requested to provide a recommendation. In rating the applicant, please bear in mind that the information provided will be used to assess the applicant's eligibility to take the examination.

NAME OF APPLICANT: _____

(SURNAME)

(FIRST NAME)

(MIDDLE NAME)

TRAINING INSTITUTION: _____

INCLUSIVE DATES OF TRAINING: _____ - _____

(mm/dd/yyyy)

(mm/dd/yyyy)

	5 EXCELLENT	4 SUPERIOR	3 AVERAGE	2 FAIR	1 POOR
Medical Knowledge – Understanding and application of established and evolving medical knowledge; critical evaluation of new information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care – Diagnosis and management of medical and surgical eye disease; utilization of information technology; documentation in medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Skills – Preoperative judgment; intraoperative technique for level of training; post-op care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills – Interaction with patients, colleagues, referring and other professionals; patient and family counseling; sensitive to socio-economic circumstances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based Learning – Self-assessment of patient care; application of scientific evidence to improve patient care; participation in self-improvement programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism – Commitment to professional responsibilities; respect for physician-patient and physician-physician relationships; ethical behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

DEPARTMENT CHAIR: _____

Printed name and Signature

DATE ACCOMPLISHED: _____