

**INSTRUCTIONS**:

1. Accomplish the form correctly. Type your answers.

2. Save the filled out form as pdf file.

3. Use “MDR” and your name as file name (i.e. MDR-Juan Dela Cruz M.D.)

4. Email back to PSCPC thru pscpcmd@gmail.com

**MEMBERSHIP DATA RECORD**

|  |  |
| --- | --- |
| FAMILY NAME | Click or tap here to enter text.  |
| FIRST NAME | Click or tap here to enter text.  |
| MIDDLE NAME | Click or tap here to enter text.  |
| DATE OF BIRTH | Click or tap here to enter text.  |
| PRC NUMBER | Click or tap here to enter text.  |
| PMA NUMBER | Click or tap here to enter text.  |
| EMAIL ADDRESS/ES: | Click or tap here to enter text.  |
| MOBILE NUMBER/S: | Click or tap here to enter text.  |
| MAIN HOSPITAL AFFILIATION: | Click or tap here to enter text.  |
| OTHER HOSPITAL AFFILIATIONS: | Click or tap here to enter text.  |

*I hereby certify to the correctness of the information stated above, and in witness thereof, I hereunto set my signature this Click to enter text Day of Click to enter text 20 Click to enter text.*



**E-SIGNATURE OF MEMBER**

**Data Privacy Policy and Consent Form**

PHILIPPINE SOCIETY FOR CERVICAL PATHOLOGY AND COLPOSCOPY FOUNDATION, INC. PRIVACY NOTICE

**Statement of Privacy Policy**

The PHILIPPINE SOCIETY FOR CERVICAL PATHOLOGY AND COLPOSCOPY FOUNDATION, INC. is committed to protect and respect your personal data privacy. This Personal Data Privacy Notice and Consent Form was prepared in accordance with the Data Privacy Act of 2012 together with its Implementing Rules and Regulations. It sets out our personal information protection to our members and individuals whom we deal within our organization.

Please note that we may amend this Data Privacy Notice and Consent Form at any time without prior notice and will notify you of any such amendment via our website or by email.

**Privacy Notice**

**Personal Information**

We collect and process the following personal information from you when you electronically submit to us upon your application and in the course of your membership with PSCPC:

1. Full name
2. Email address
3. Date of birth
4. Face/photo, fingerprints or handwriting
5. Contact numbers
6. Educational background
7. Professional background
8. Hospital affiliation and contact number of hospital

**Use**

The collected personal information is utilized solely for the following purposes:

1. Application for membership in the Society
2. Eligibility for written and oral examinations with the Philippine Board of Cervical Pathology and Colposcopy
3. Evaluation on the authenticity of all credentials for approval of membership in the Society
4. Update and verification of status of membership in the Society
5. Coordinate and prepare activities for Annual Convention, Annual Business Meeting, Call for Special Meetings, Committee on Continuing Medical Education and Continuing Professional Development by PRC
6. Documentation of activities and archiving within the Society
7. Disciplinary sanctions, such as censure, suspension or expulsion, after due investigation
8. Promotion and marketing of Society’s activities

The said data is not shared with any outside parties without your consent unless the law and our rules allow us to. We hold this personal information data and use it to monitor and report on your progress, and assess the status of your membership with the Society.

**Protection Measures**Only authorized PSCPC personnel has access to these personal information, the exchange of which will be facilitated through email and hard copy. They will be stored in a database for five (5) years or as long as needed by the Society after which physical records shall be disposed of through shredding, while digital files shall be kept in our files for as long as necessary.

**Data transfer and sharing**
Where PSCPC consider it necessary or appropriate for the purposes of data storage or processing or providing any service or product on our behalf to you, we may transfer your personal information to third parties within or outside the Philippines, under conditions of confidentiality and similar levels of security safeguards.

**Access and Correction**

You have the right to ask for a copy of any personal information we hold about you, including existing data sharing agreement with third parties, as well as to ask for it to be corrected if you think it is wrong. To do so, please contact the Data Protection Officer, DR. IRENE M. TAGAYUNA at pscpcmd@gmail.com.

**Privacy Consent**
Please confirm your consent to PSCPC processing personal information data relating to you for the purposes set out above by signing this form in the space provided below. If you have any questions, please contact the above-stated Data Privacy Officer.

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**E-SIGNATURE OF MEMBER**

Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**

Signed in the presence of (name/s of witnesses)

 Click or tap here to enter text. Click or tap here to enter text.