

PHILIPPINE MEDICAL ASSOCIATION

THEME: "BUILD, BUILD, BUILD PMA!"

Member : World Medical Association (WMA)
Co-Founder : Confederation of Medical Association in Asia and Oceania (CMAAO)
Medical Association of Southeast Asian Nations (MASEAN)
Secretariat : Philippine Medical Association Building, North Avenue, Quezon City 1105
Telephone Numbers: (632) 929-7361; 929-6366; 926-2447 Fax: (632) 929-6951
Mobile Numbers: 0927-5806903; 0947-2994782 (Membership)
0917-8221357; 0918-9234732 (Secretariat)
Email: philmedas@yahoo.com; philmedas@gmail.com; info@philippinemedicalassociation.org
Website: www.philippinemedicalassociation.org

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President

BENITO P. ATIENZA, MD
Vice President

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Caraga

MEMORANDUM CIRCULAR NO: 2019-02-14-058

TO : ALL PRESIDENTS AND TREASURERS OF COMPONENT MEDICAL SOCIETIES, SPECIALTY DIVISIONS, SPECIALTY/SUBSPECIALTY and AFFILIATE SOCIETIES
SUBJECT : PMA AMNESTY PROGRAM 2018-2019
DATE : FEBRUARY 14, 2019

Greetings from Philippine Medical Association!

In response to the urgent request of Government Physicians for consideration in the renewal of their PMA membership and in support of the Universal Health Care Bill, the Philippine Medical Association has instituted a special Amnesty period effective February 14, 2019 until March 31, 2019, primarily for, but not limited to, government physicians.

The specific terms and conditions of the recently-concluded 2018 Amnesty will apply, except for the deadline of **March 31, 2019** for both the **submission of application forms** and **payment of amnesty dues** to the PMA through their local Component Society.

A member may avail of the amnesty only once throughout his/her PMA Membership. The Amnesty Program 2018-2019 waives all PMA National arrears from 2016-2017 and earlier, provided that the **June 2017 - May 2018** and **June 2018 - May 2019 PMA National and Component Society dues are paid in full for the same period.**

The following attachments must be completely filled out and submitted back to PMA:

1. Application Form for PMA Amnesty Program 2018-2019
2. PMA Membership Form
3. Endorsement Letter to PMA Secretary General

After approval by the Board and payment of 2017-18 and 2018-19 PMA National and Component Society dues, the member is reinstated. The component society informs the member of reinstatement and reminds him/her of the gradual restoration of mutual aid benefits, election rights and membership privileges after availing amnesty. After a successful availment of PMA Amnesty Program 2019, the following restoration of benefits, rights and privileges shall apply:

- **Mutual Aid Benefits (Death, Disability & Legal Aid):** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19). Reinstated members by special order or amnesty shall receive **Death and Disability Aid Benefits** as follows:
 1. Within the 1st year of reinstatement (2019-20), no benefit.
 2. Within the 2nd year of reinstatement (2020-21), 25%.

4. Within the 4th year of reinstatement (2022-23), 75%.
5. Within the 5th year of reinstatement (2023-24), 100%.

- **Right to vote and be voted upon:** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19).
- **Eligibility for Life Membership:** To be eligible for life membership, a member needs to have continuous, uninterrupted payment of dues for 10 years from the year of reinstatement (2018-19). May be eligible for Life Membership on 2028-29 provided he continues to be in good standing after amnesty availment.
- **Eligibility for Emeritus Membership:** To be eligible for emeritus membership, a member needs to have continuous, uninterrupted payment of dues for 15 years from the year of reinstatement (2018-19). May be eligible for Emeritus Membership on 2033-34 provided he continues to be in good standing after amnesty availment.

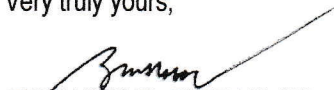
The usual requirements for availing the above benefits, rights, and privileges shall apply.

Membership to PMA is valuable and beneficial. The amnesty program is offered in good faith to concerned members in exchange for being responsible members through timely payment of annual dues and becoming a PMA member in good standing after availment of amnesty.

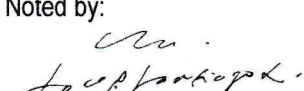
Since no amnesty program can be declared within five years from the date the General Assembly last approved an amnesty, we request everyone to give their best efforts in informing our colleagues working for the government and our other inactive members who will benefit from the PMA Amnesty Program so they can take this precious opportunity to come back to the fold of the PMA.

Thank you very much for your support and cooperation!

Very truly yours,


BENJAMIN M. ALABAN, MD
Secretary General

Noted by:


JOSE P. SANTIAGO, JR., MD
President

APPLICATION FORM

PHILIPPINE MEDICAL ASSOCIATION AMNESTY PROGRAM 2018-2019

I, _____, MD of _____ Medical Society,
with PMA Number _____, and PRC Number _____, am applying for the PMA Amnesty Program 2018-2019.

I understand that I can avail of amnesty only once throughout my PMA membership. I declare that I have not availed of amnesty before. I understand that the PMA Amnesty Program 2018-2019 is given by PMA in good faith as an opportunity for me to return to active membership status. In applying for PMA Amnesty Program 2018-2019, I will pay the 2017-2018 and 2018-2019 PMA National and Component Society dues **in full**. I understand, accept, and agree to the following terms and conditions:

- **Mutual Aid Benefits (Death, Disability & Legal Aid):** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19). Reinstated members by special order or amnesty shall receive **Death and Disability Aid Benefits** as follows:
 1. Within the 1st year of reinstatement (2019-20), no benefit.
 2. Within the 2nd year of reinstatement (2020-21), 25%.
 3. Within the 3rd year of reinstatement (2021-22), 50%.
 4. Within the 4th year of reinstatement (2022-23), 75%.
 5. Within the 5th year of reinstatement (2023-24), 100%.
- **Right to vote and be voted upon:** Suspended for the first fiscal year (2019-20) following the fiscal year of reinstatement (2018-19), however to qualify to run for **National Office** a member must be in good standing for 5 consecutive years following reinstatement, or not earlier than 2025-26.
- **Eligibility for Life Membership:** To be eligible for life membership, a member needs to have continuous, uninterrupted payment of dues for 10 years from the year of reinstatement (2018-19). May be eligible for Life Membership on 2028-29 provided the member continues to be in good standing after amnesty availment.
- **Eligibility for Emeritus Membership:** To be eligible for emeritus membership, a member needs to have continuous, uninterrupted payment of dues for 15 years from the year of reinstatement (2018-19). May be eligible for Emeritus Membership on 2033-34 provided the member continues to be in good standing after amnesty availment.

Once my application for amnesty is approved and I have paid the 2017-18 and 2018-19 PMA and component society dues in full, I promise to be a responsible a member through timely payment of annual dues and become a member in good standing thereafter. **The Certificate of Good Standing can only be issued by the Component Society after having fulfilled their usual requirements: timely payment of dues, attendance and participation to Component Society activities and projects.**

Signature above printed name
Member Applicant

Date

Endorsed by:

Signature above printed name
Component Society President

Signature above printed name
Component Society Treasurer

Note: This form is to be accomplished in duplicate copies - one receiving copy for the member and one copy for the component society to be submitted to PMA.

Endorsement Letter to the PMA Secretary General

Date: _____

To:

Benjamin M. Alaban, MD

PMA Secretary General

Thru:

_____, MD

Governor for _____ Region

The _____ Medical Society respectfully endorses the following members applying for the PMA Amnesty Program 2019 to you, for Board approval:

LAST NAME	FIRST NAME	MIDDLE NAME
1.		
2.		
3.		
4.		
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8.		
9.		
10.		
11.		
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13.		
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16.		
17.		
...		

Sincerely,

Signature over printed name
Component Society President

Signature over printed name
Component Society Treasurer



PHILIPPINE MEDICAL ASSOCIATION
PMA Bldg., North Avenue, Quezon City 1108
Tels. (632) 929-6366; 929-7371; 929-2447 Fax: (632) 929-6951

MEMBERSHIP FORM PMA NO. _____

DATE _____ MM/DD/YYYY	PMA MEMBERSHIP DATE _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> LIFE <input type="checkbox"/> EMERITUS	COMPONENT SOCIETY _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> LIFE <input type="checkbox"/> EMERITUS																		
_____ LAST NAME FIRST NAME MIDDLE NAME MOTHER'S MAIDEN NAME																				
MEDICAL SCHOOL GRADUATED: _____ DATE _____ OTHER ACADEMIC DEGREES & INSTITUTION: _____ PRC NO.: _____ Registration date _____ Validity period: _____ PHILHEALTH ACCREDITATION NO.: _____																				
POST GRADUATE TRAINING: <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:30%;">Residency/Fellowship in:</th><th style="width:40%;">Institution</th><th style="width:30%;">Inclusive dates</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <p>From Specialty/ Subspecialty Societies: <input type="checkbox"/> Fellow <input type="checkbox"/> Diplomate <input type="checkbox"/> Full Training <input type="checkbox"/> Incomplete Training Specialty Board examination: <input type="checkbox"/> Written: date passed _____ <input type="checkbox"/> ORAL: date passed _____ From other societies/institutions: _____ <input type="checkbox"/> Fellow <input type="checkbox"/> Diplomate <input type="checkbox"/> Full Training <input type="checkbox"/> Incomplete Training Examination: Written: date passed _____ <input type="checkbox"/> No Training <input type="checkbox"/> Seminar / workshop / experience Oral: date passed _____</p>			Residency/Fellowship in:	Institution	Inclusive dates															
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SPECIALTY SOCIETY: _____ SUBSPECIALTY SOCIETY: _____ AFFILIATE SOCIETY: _____ MEMBERSHIP IN OTHER SOCITIES/ASSOCIATIONS: _____ _____																				
<input type="checkbox"/> In Practice <input type="checkbox"/> Not Practicing <input type="checkbox"/> General Practitioner <input type="checkbox"/> Specialist <input type="checkbox"/> with full training <input type="checkbox"/> with incomplete training <input type="checkbox"/> without training Field of practice _____ <input type="checkbox"/> Limited to certain procedures: _____																				
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1. _____	_____																			
2. _____	_____																			
3. _____	_____																			
BIRTH DATE: _____ AGE: _____ yrs. <input type="checkbox"/> Male <input type="checkbox"/> Female CIVIL STATUS: _____ NAME OF SPOUSE (if married): _____ OCCUPATION: _____ NO. OF CHILDREN: _____ NAME OF BENEFICIARY/IES AND RELATIONS: _____																				
RESIDENTIAL ADDRESS: _____ ZIP Code _____																				
TELEPHONE NO. RESIDENCE: _____ MOBILE NO.: _____																				
FAX NO.: _____ EMAIL ADD: _____																				
SIGNATURE OF MEMBER _____ Date Signed _____																				

* Fill in spaces in **CAPITAL LETTERS**. Write **N.A.** if the data required are not applicable.