

ACKNOWLEDGEMENT

I, _____, after having been duly sworn in accordance with law hereby
depose and state:

1. I have applied to the Philippine Board of Anesthesiology, Inc. ("PBA") for entrance into its examination system for the purpose of obtaining PBA certification status ("Certification").
2. I understand that approval of my application is subject to my compliance with the PBA's rules, regulations and requirements.
3. I hereby warrant that all information contained in this application ("Application") is true, correct and complete in all material respects.
4. Accuracy of Information. – I hereby authorize the PBA to look into, verify and confirm the accuracy of any information disclosed in my Application. I understand that the discovery of any false or inaccurate statement made in this Application or of any material information omitted/withheld there from shall be sufficient cause for my disqualification at any stage including, without limitation: (a) from the examination system or, if I have already taken/passed the examination, (b) from certification. I further understand that should the false, inaccurate or omitted/withheld information be discovered after I am certified, the PBA may recall and cancel the Certificate at anytime before the lapse of five (5) years from the issuance thereof.
5. The PBA Information Handbook. – I declare that I have received a copy of the PBA Information Handbook, that I have read the same and that I agree to be bound by the policies, rules, regulations and requirements published therein including, without limitation, in all matters relating to the consideration of and action upon this Application and in all matters relating to Certification, should it be granted. Additionally, I understand and acknowledge that in the event that I violate any of the PBA's rules governing my Application and/or Certification, or in the event that I fail to comply with any provisions of the PBA's Articles of Incorporation or Constitution and Bylaws, such violations may constitute sufficient cause for my disqualification from the PBA examination system or from the issuance of a PBA Certificate or for the recall and cancellation of such Certificate at anytime within five (5) years from discovery of the violation.
6. Electronically Submitted Applications. – I understand that if the Application is submitted to the PBA electronically, the Acknowledgment portion will be assigned a matching number (# _____) that corresponds to the Application. I agree that the Acknowledgment will survive the electronic submission regardless of whether or not the information or data provided therein has been aggregated or reformatted in any manner by the PBA. I likewise agree that the Acknowledgment precludes me from claiming that it does not relate to the Application.

IN WITNESS WHEREOF, I knowingly, freely and voluntarily set my hand on this Acknowledgement this
____ day of _____, in _____.

Signature over Printed Name

SUBSCRIBED AND SWORN to before me in _____, on _____ by Affiant who
personally appeared and sufficiently proved his identity by presenting to me the following competent proof thereof:

Doc No. _____;
Page No. _____;
Book No. _____;
Series of _____.

RELEASE AND QUITCLAIM

I, _____, after having been duly sworn in accordance with law hereby depose and state:

1. I have applied to the Philippine Board of Anesthesiology, Inc. ("PBA") for entrance into its examination system for the purpose of obtaining PBA certification status ("Certification").
2. In relation to the application, all persons holding testimony, records, documents, opinions, information or data relevant or pertaining to my competence, professional conduct, behavior and the like (the "Information") are hereby **AUTHORIZED** to divulge such Information and release the same to the PBA, its duly authorized officers, employees and/or agents. The authority granted herein extends to professionals and other persons, institutions or entities, although not listed as a reference on my Application. I hereby expressly **WAIVE** the confidentiality of any such Information and I hereby **RELEASE** and agree to hold free and harmless any person, institution or entity from any liability to me arising out of the giving or releasing of Information to the PBA.
3. The Information referred herein to includes, without limitation, all information relating to any abusive use of alcohol, use of restricted, prohibited or otherwise illegal drugs, and any treatment or rehabilitation related thereto.
4. A copy of this Release may accompany any request made by the PBA for such Information.
5. I **RELEASE** and agree to hold free and harmless the PBA, its directors, officers, and duly authorized agents/employees from any liability to me as a result of any acts or proceedings undertaken or performed in connection with my Application.
6. I hereby **AUTHORIZE** the PBA to: (a) report my status in the examination system, including the results of any written or oral examination, to the Director of the program from which I completed my clinical training; (2) use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination; and (3) respond to any inquiry about my status in the PBA examination system.
7. I further **AUTHORIZE** the PBA to use any and all Information for the purpose of conducting longitudinal studies to assess the PBA certification process, *provided* that such Information may be reported or released only in the aggregate, *provided further* that any results of such studies will have no direct bearing on my Application or Certification status; and, *provided finally* that subject to applicable law, the PBA shall hold all Information in confidence

IN WITNESS WHEREOF, I knowingly, freely and voluntarily set my hand on this RELEASE and QUITCLAIM this ____ day of _____, in _____.

Signature over Printed Name

SUBSCRIBED AND SWORN to before me in _____, on _____ by Affiant who personally appeared and sufficiently proved his identity by presenting to me the following competent proof thereof:

Doc No. _____;
Page No. _____;
Book No. _____;
Series of _____.