



## ANNUAL SUMMARY REPORT FORM

### PHILIPPINE BOARD OF ANESTHESIOLOGY

NAME OF HOSPITAL:		EMAIL:	LEVEL OF ACCREDITATION:
ADDRESS:		TELEPHONE NO.:	
		FAX:	
TOTAL BED CAPACITY:	PRIVATE:	ACCREDITED DEPARTMENTS:	
	SERVICE:		
		INTERNAL MEDICINE	<input type="checkbox"/> YES <input type="checkbox"/> NO
		OB-GYN	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PEDIATRICS	<input type="checkbox"/> YES <input type="checkbox"/> NO
		SURGERY	<input type="checkbox"/> YES <input type="checkbox"/> NO

DEPARTMENT HEAD:			
	TERM:	FROM	TO
TRAINING OFFICER:			
	TERM:	FROM	TO

TOTAL NUMBER OF ANESTHESIA CONSULTANT STAFF:		TOTAL NO OF APPLICANTS FOR THE TRAINING PROGRAM 20____:	
FULL-TIME		TOTAL NO OF AVAILABLE POSITIONS FOR RESIDENTS 20____:	
PART-TIME		TOTAL NUMBER OF RESIDENTS	
VISITING		YEAR LEVEL I	
		YEAR LEVEL II	
TOTAL NUMBER OF FELLOWS:		YEAR LEVEL III	

**TABULATED ROTATIONS OF RESIDENTS**

NAME AND YEAR LEVEL	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
I	ORL											
I	GS1											
II	OB											
II	NORA											
III	PED											

**HOSPITAL CENSUS 20\_\_\_\_\_**

TOTAL NUMBER OF ADMITTED PATIENTS	
TOTAL NUMBER OF PATIENTS ADMITTED FOR SURGERY	
ELECTIVE	
EMERGENCY	
TOTAL NUMBER OF CASES PER SERVICE	
GENERAL SURGERY	
MINIMALLY INVASIVE	
OB-GYNE	
PEDIATRICS	
NEUROSURGERY	
OPHTHALMOLOGY/ORL	
ORTHOPEDICS	
UROLOGY	
PLASTIC AND RECONSTRUCTIVE	
THORACIC AND VASCULAR	
CARDIAC	
TOTAL NUMBER OF CASES DONE AS OPD	

**TRAINEE CENSUS 20\_\_\_\_\_**

1. No of RESIDENTS WHO TOOK RITE THIS YEAR	
2. No of RESIDENTS WHO PASSED RITE	
3. No of RESIDENTS WHO TOOK THE WE BASIC EXAM	
4. No of RESIDENTS WHO PASSED WE BASIC EXAM	
5. No of GRADUATES WHO TOOK THE PBA WRITTEN EXAMS	
6. No of GRADUATES WHO TOOK THE PBA ORAL EXAMS	
7. No of GRADUATES WHO TOOK THE PBA PRACTICAL EXAMS	
8. No of GRADUATES CONFERRED AS DPBA	

**Annual Report 20\_\_\_\_\_**

Certified True and Correct:

TRAINING OFFICER:

Date:

Signature:

DEPARTMENT CHAIR:

Date:

Signature:

Noted:

HOSPITAL DIRECTOR:

Date:

Signature: