



DECLARATION OF COMMITMENT FORM
PHILIPPINE BOARD OF ANESTHESIOLOGY

DECLARATION OF COMMITMENT

I, _____, by the authority vested in me by the Governing Body or Director or Chief of Hospital of _____, (Name of HOSPITAL), hereby voluntarily apply for accreditation of our Residency Training Program in ANESTHESIOLOGY.

We acknowledge that this application is voluntary, and the hospital authorities willingly agree to undergo inspection, review, and survey of all aspects related to accreditation, such as the physical infrastructure, facilities, hospital records, hospital staff, particularly those in the Department of Anesthesiology.

As the hospital authorities, we affirm our dedication to adhere to the accreditation standards defined by the Philippine Board of Anesthesiology, implement the policies and guidelines set by the Board of Accreditors, actively engage in and support affiliate Society and Chapter initiatives, and abide by the decisions of the PBA Board of Accreditors.

Signature and Printed Name
CHAIR, DEPARTMENT OF ANESTHESIOLOGY

Noted:

Signature and Printed Name
MEDICAL DIRECTOR or CHIEF of HOSPITAL