



**Professional Regulation Commission**  
**APPLICATION FOR SPECIAL TEMPORARY PERMIT**

**INSTRUCTION:**

This application must be accomplished by the applicant or duly authorized representative.  
Any false statement is subject to legal prosecution.

Passport Size ID  
Picture of the Applicant with COMPLETE NAME Tag in plain white background

Category of STP applied for: E Profession: PHYSICIAN Date of Filing: Nicht ausfüllen!

**Part I – Personal Data**

Surname: <u>MUSTERMANN</u>	Given Name: <u>MAX</u>	Maternal Name:	Visa / Nature of Stay: <u>Tourist</u>
Place of Birth: <u>MUSTERSTADT</u>	Date of Birth: <u>XIX/XX</u>	Citizenship: <u>GERMANY</u>	Gender: <u>M/F</u>
Home address / country of origin: <u>MUSTERSTR. 1, MUSTERSTADT</u>	Philippine Mailing Address: <u>RHU CONNER IAPAYAO</u>	Civil Status: <u>*</u>	Date of Arrival: <u>MO-DO-YYYY</u>
Contact number or E-mail Address:		Period of Stay: <u>5/6 weeks</u>	
Name and Address of Sponsoring/Company/Institution in the Philippines: (If Applicable) <u>COMMITTEE OF GERMAN DOCTORS FOR DEVELOPING COUNTRIES INC. SEPARATE</u> <u>5000 CAGAYAN DE ORO</u>			
Contact number or E-mail Address: <u>doc-engayan@gpman-doctors.de</u>			

\* SINGLE  
MARRIED  
DIVORCED  
INC. SEPARATE

Have you ever been accused of, indicted, tried or convicted by any court of law, military tribunal or administrative body?  NO  YES  
If so, attach a copy of the decision or the complaint, if still pending.

**Part II – Professional Course Taken**

Title / Degree Received	College / University Graduated	Date Degree Conferred	Honors, Distinctions or Awards Received
<u>GENERAL PRACTICIONER</u>	<u>MEDICAL SCHOOL IN...</u>	<u>XIX/19XX</u>	

**Part III – Specialization** (State briefly your fields of specialization, special studies or courses taken)


**Part IV – License/s Obtained** (Inclusive of License Obtained in the Philippines)

Title of License	Jurisdiction	License / Certification Number	Date Issue / Validity
<u>LICENSE TO PRACTICE MEDICINE</u>	<u>BAVARIA / GERMANY</u>		<u>XIX/19XX</u>

**Part V – Experience and Training**

Dates of Service	Position Held	Employer	Country or State
<u>Since XIX/2012</u>	<u>Assistant doctor</u>	<u>Name of Clinic / Hospital</u>	<u>BAVARIA / GERMANY</u>

Letzte drei Arbeitsstellen

**Part VI – Sponsoring/Company/ Institution Profile**

For Private Institutions: (SEC Registration) <u>41197-151369</u>	For Government Institutions	Action Taken by the Cashier	
Nature of Business: <u>MEDICAL ORGANIZATION</u>	Authorized Representative: <u>DR. GERHARD STEINMAIER</u>	Amount: _____	O.R. No.: _____
		Date: _____	Signature of Cashier: _____

**Part VII – Acknowledgment**

I HEREBY CERTIFY that the above information written by me are true and correct to the best of my knowledge and belief. And further authorize PRC and other government agencies to investigate the authenticity of all the documents presented.	SUBSCRIBED AND SWORN to before me affiant exhibited to me the applicant's passport as indicated hereunder Passport Number: _____ Date of Issue: _____ Place of Issue: _____
Signature of Applicant/Authorized Representative <u>Max Mustermann</u> When and Where Prepared	Place and Date of Acknowledgement:  Notary Public