Photo

Hamad Medical Corporation Department of Medical Education - GME Office



CLINICAL FELLOWSHIP/RESEARCH FELLOW Application Form

1. Candidate Name:			Corporation #	
First	Middle	Family	(HMC Graduates)	
Date of Birth: / / Plac	e of Birth:	Nationalit	y:	
Gender: □ Male □ Female	Civil Status:	□ Single □	□ Married	
Resident in Qatar: □ Yes □ No Residency permit number#				
2. Passport Information:				
Passport No:		Expiry Date:/_		
		du i	ши уууу	
3. Contacts Details:				
Tel. (Home): Fax:				
Mailing Address:		E-mail:		
4. Board Certification:				
Board Certification or Equivalent/Degree :				
University/Teaching Hospital :				
Address:				
From: Date:/To:				
No of years of Residency				
5. Medical College:	Co	untry:		
Degree: Dinloma/MD/MBBCH etc. FRO)M·	To		
Degree: Diploma/MD/MBBCHetc. FROM:To:				
6. Other Exams or Qualifications				
Exams USMLE Step 2 CK (Clinical Knowledge)		Dates		
Master or PhD				
Others				



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7. Practice after Board Certification in the core specialty				
Hospital/institution:	Country:			
Address:	Email:			
From: To: dd mm yyyy dd mm yyyy				
8. English Language Proficiency Tests:				
IELTS Score:	Date:			
TOEFL				
IBT_Score: Date: CBT Score:	Date: PBT Score: Date:			
For GME Office use only List of Documents submitted				
 Application CV Board Certification or equivalent Medical Degree Recommendation Letters -2(one from PD/Chairperson, one from faculty) Personal statement Evidence of post specialization current practice End of training Evaluations (HMC Residents) Certificates of Mandatory Courses (Professionalism, Communication & IHI online Courses) Medical License Passport Copy Photo 				
Core Fellowship Program Director Approval: Eligible: Not Eligible:				
Fellowship Program Director: Approval: Eligible: Not Eligible:				
GME Office: Eligible: Not Eligible:				
Signature of DIO : • All fellowship applications and required do the closing date in person or by registered mail	ocuments has to be submitted to GME Office before			