

Photo

Hamad Medical Corporation
Department of Medical Education - GME Office
RESIDENCY Programs Selection



APPLICATION FORM - 2015 Intake

Please read FAQs before completing the Application Form (Type or Print in CAPITAL LETTERS.)

1. Candidate Name: _____
(as printed in passport) First Middle Family

Date of Birth: ____/____/____ Place of Birth: _____ Nationality: _____
dd mm yyyy

First Language/s:

	<u>Arabic</u>	<u>English</u>	<u>Other Languages :</u>
Spoken	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average
Written	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average

Gender: Male Female Civil Status: Single Married

2. Passport Information: Passport No: _____ Expiry Date: ____/____/____
dd mm yyyy

Resident in Qatar: No Yes

If Yes, then provide QID/RP # _____ Expiry Date: ____/____/____
dd mm yyyy

3. Contacts Details:

Contact Nos. in Qatar (Home): _____ Mobile: _____ Fax: _____

Address in Qatar : _____
(If resident in Qatar) Street Name Country P.O. Box

Contact Nos. in Home Country: _____ Mobile: _____ Fax: _____

Address in Home Country: _____
Street Name Country P.O. Box

E-mail Address: _____

In Case of Emergency, person to contact (next of kin)

Name: _____ Mailing Address: _____

Tel. No. (Home): _____ Mobile: _____ E-mail: _____

Attachments: (Passport copy, Qatar ID/Residency Permit, 8 photos)

4. Education and Qualifications :

Name of Medical College: _____ Country: _____

Name of academic degree awarded: _____

Date of Graduation: ____/____/____
dd mm yyyy

Language used in Medical College: English Arabic Others: _____

5. Internship/House Officer Appointment (First year post graduate training):

Rotating Internship: HMC Other(Institution): _____

Straight Internship (1st year post graduate training): _____

Institution name: _____ Country: _____

Dates: From: ____/____/____ To: ____/____/____
dd mm yyyy dd mm yyyy

Medical license no: _____ Type: _____ Country: _____ Validity ____/____/____
dd mm yyyy

6. Post Graduate Training

Dates: From: ____/____/____ To: ____/____/____
dd mm yyyy dd mm yyyy

Institution name: _____ Country: _____

Describe (clinical training/work) :

Other academic qualifications (i.e. Masters, PhD, Others)

Dates: From: ____/____/____ To: ____/____/____
dd mm yyyy dd mm yyyy

Institution name: _____ Country: _____

Certificates (Fellowship or Board Certifications)

Name: _____ Country: _____ Awarded: _____

Attachments: (Copy of medical degree certificate, copy of internship certificate, copy of medical license, copy of clinical experience certificate or research, copy of other academic qualification certificates)

7. Current Clinical Post

Position Title: _____

Institution/Hospital name: _____ Country: _____

Dates: From: ____/____/____ To: ____/____/____
dd mm yyyy dd mm yyyy

8. Matching choices

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Cardio Thoracic Surgery | <input type="checkbox"/> Community Medicine | <input type="checkbox"/> *Emergency Medicine |
| <input type="checkbox"/> *Family Medicine | <input type="checkbox"/> General Surgery | <input type="checkbox"/> *Internal Medicine | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Ob-Gyn | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> *Pediatrics | <input type="checkbox"/> Plastic Surgery | <input type="checkbox"/> PM & R | <input type="checkbox"/> *Psychiatry |
| <input type="checkbox"/> *Radiology | <input type="checkbox"/> *Urology | | |

Program Choices: (First) _____ (Second) _____

** ACGME-I Accredited Programs*

9. Mandatory Enrollment Exams to HMC Residency Programs :

Exams	3-Digit Score	Date	No. of Attempts
USMLE Step 1			
USMLE Step 2 CK(Clinical Knowledge)			
USMLE Step 2 CS (Clinical Skills)			
USMLE Step 3			
IFOM - CSE			
IFOM - BSE			

a. Have you applied for the matching of HMC residency program before? Yes No
 If Yes, Date/s: _____ Program/s: _____

b. How did you learn about the Residency Program at HMC?
 Internet/Social Media Newspaper Advertisement Friend Staff at HMC

c. Did you apply for the Residency Program from outside Qatar? Yes No
 If Yes, pls. specify the country _____

d. Is your spouse working at HMC? Yes No

If Yes, pls. specify the Name and Department _____

e. Is your spouse applying with you for a Residency Program at HMC? Yes No

If Yes, pls. specify the name and Program/s _____

f. Are you applying under the Sponsorship Program? Yes No

If Yes, pls. specify the name of your institution _____

10. English Language Required Competency Exams:

Exams	Score	Date	No. of Attempts
IELTS			
TOEFL IBT / CBT / PBT			

If not available yet, attached registration copy

11. Please indicate if you have done any the following:

a. Have you previously had a Clinical Attachment at HMC? Yes No

If Yes, pls. specify the program/s and date/s _____

b. Have you had any publications published or taken part in any scholarly activities previously?

Yes No

If Yes, please list the recent _____

c. Have you attended any courses/workshops previously? Yes No

If Yes, please list the recent _____

12. Please provide any other information that might support your application:

Attachments: (Copy of USMLE Step 2 CK / IFOM results, copy IELTS/TOEFL results, copy of ECFMG certificate if there is any, recent CV, Letter of Intention, evidence of clinical experience/employment certificates)

Required attachments with the application form

13. Completed Application Form should include the following mandatory documents (1 set of documents)

- | | |
|---|---|
| <input type="checkbox"/> Updated CV | <input type="checkbox"/> Copy of clinical experience/House Officer |
| <input type="checkbox"/> Letter of Intention (<i>see FAQ for details</i>) | <input type="checkbox"/> USMLE all exam results |
| <input type="checkbox"/> Copy of passport | <input type="checkbox"/> IFOM-CSE result |
| <input type="checkbox"/> Copy of residency permit (if resident in Qatar) | <input type="checkbox"/> TOEFL or IELTS result |
| <input type="checkbox"/> Copy of internship certificate | <input type="checkbox"/> 8 photos (Recent passport size against white background) |
| <input type="checkbox"/> Copy of medical degree certificate | |

GME Official Use

Application received by GME Coordinator:

Name: _____ Date: _____

- By registered/express mail In person

Final Review:

Name: _____ Date: _____

Accepted for Program Director's review: Yes No

Please visit Hamad Medical Corporation - www.hmc.org.qa to print the Application Form.
Completed Applications should be delivered in person or by express/registered mail to:
Hamad Medical Corporation,
Medical Education Department,
Al Rayan Street,
P.O.Box 3050
Doha State of Qatar,
Tel. no. 4439-1739/36/43/42
(Email and fax copies are not accepted)