



## Exam Application Form

### A: Candidates Details:

Name: .....

Date of joining the Residency Program: ..... OMSB#:.....

Specialty ..... Level .....

End of Year Exam

Part 1

Part 2

Clinical

Written

Exam Date:.....

Number of Previous Attempts: .....

Signature: .....

Date: .....

### B. To be completed by the Program Director:

I certify that ..... is currently registered in OMSB..... residency training program at level .....

Name: .....

Signature:.....

Date: .....

### C. For OMSB Official Use:

Allowed to sit for the Exam

Not allowed to sit for the Exam

Reason:

.....  
.....

Examination Committee Chairman: Name:.....

Signature: .....

Date: .....

**Last date of submission of the application is one month prior to the date of examination**