



photo
4 x 6 cm

Application Form International Advanced Training

1. Personal

Full Name

Place of Birth Date of Birth

Passport no. National ID card no.

MOH Staff no. Marital Status:

Address

Telephone no. E-mail

2. Academic Education

1. Name of University / College Attended

2. Degree Obtained

3. Date of Graduation

4. Current Position

Dept Hospital

Postgraduate Qualifications: (e.g. MRCP, FRCS, MCCEE, USMLE etc if applicable) :

3. Application for

Residency

Fellowship

Elective

4. Country

- Canada
- Australia
- United States of America
- Others (Specify)

5. Specialty applying for

.....

6. Sponsorship:

- Sultan Qaboos University
- Ministry of Health, region
- Armed Force Medical Service
- Royal Oman Police
- Others (Specify)
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I declare that all information provided in this application form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the application form or any document requested renders a trainee liable to termination of training.

Signed:..... **Date**

Please include the following:

- Personal statement – Reason for choosing the specialty you are most interested in.
- Curriculum Vitae
- Transcript of Academic Records (in English)
- MD (or equivalent) degree in Arabic and English (copies)
- Internship certificate
- Postgraduate certification (Arab Board, MRCP, MCCEE, USMLE etc.)
- Score of International Exams (Canadian MCCEE, USMLE, DCH, Dip Trop, Med, etc) or Language Exams (IELTS or TOEFEL), if available
- Recommendation letters from Head of Department or consultant you worked with (3).
- Letter of sponsorship if available
- Photocopy of passport.
- Passport size photographs (3)