

# APPLICATION FOR POSTGRADUATE MEDICAL EDUCATION

## PLEASE READ THIS PAGE BEFORE FILLING OUT THE APPLICATION

The Admissions Committee will compile a dossier of documents that will constitute an application to UOB - Faculty of Medicine. To complete the dossier, you must submit the following to the dean's office at St. George Health Complex - Achrafieh campus or to the Office of Admissions and Registration at Al - Kurah Campus.

- Three (3) recent passport-size photographs.
- A photocopy of your Identity Card and/or Passport.
- A certified copy of your Baccaalaureate Certificate, or its equivalent.
- A certified copy of your Medical Diploma.
- Official transcript of records.
- Three recommendation letters (Forms attached).
- Evidence of English language proficiency e.g. TOEFEL/IELTS.
- Evidence of passing the Colloquium exam.
- A copy of your Medical School Training program and its description.
- An application fee of 160,000 L.L.

The application dossier must be submitted in full before the dates published as deadlines by the Faculty. Incomplete or incorrect applications cannot be considered by the Committee. All documents submitted to complete the application for admission are the property of the University and may not be reclaimed by the applicant. When the required documents listed above are submitted, the Dean's Office will inform you of the date and venue of the qualifying examination and required interview.

Your application is valid only for the academic year and the residency program to which they are being made. The academic year starts in July.

## LIST OF POSTGRADUATE MEDICAL EDUCATION PROGRAMS

Residency Programs	Fellowship Programs*
Anatomic Pathology	Cardiology
Anesthesiology	Endocrinology and Metabolism
Dermatology	Gastroenterology
Diagnostic Radiology	Hematology and Medical Oncology
Family Medicine	Infectious Diseases
Internal Medicine	Nephrology
Laboratory Medicine	Pulmonary Diseases & Intensive Care Medicine
Neurology	<p><b>* Applicants for the fellowship program should have completed three years of Internal Medicine</b></p> <p>All applications are considered by the University without discrimination against race, religion, nationality, creed, sex or physical handicaps.</p>
Obstetrics and Gynecology	
Ophthalmology	
Orthopedic Surgery	
Otorhinolaryngology Head and Neck Surgery	
Pediatrics	
Psychiatry	
Surgery	
• Cardiothoracic Surgery	
• General Surgery	
• Neurosurgery	
• Pediatric Surgery	
• Plastic and Reconstructive Surgery	
• Urology	
• Vascular Surgery	



Attach a recent colored passport-size photo

For official use

Do not write in this box

Application number
Qualifying graduate medical examination scores
Basic Knowledge, Clinical Knowledge, Clinical skills
Accepted, Not Accepted
Date application received by Admissions Office

FILL IN USING BLOCK LETTERS

1. PERSONAL INFORMATION

- Student's full name (as in official documents)

(English) First name, Father's name, Last name

(Arabic) First name, Father's name, Last name

- Mother's maiden name in full

(English) First name, Father's name, Last name

(Arabic) First name, Father's name, Last name

- Gender (Male, Female)
Marital status (Single, Married, Separated, Divorced, Widowed)

- Maiden name for Married Women

(English) First name, Father's name, Last name

(Arabic) First name, Father's name, Last name

- Date of birth (day/month/year)

- Place of birth (City, Province, Country)

• Nationality ..... Second nationality (if any) .....

Family registration # ..... Province ..... Passport # (if non-Lebanese) .....

• Is any of your immediate family currently affiliated with the University?  Yes  No

If yes, please specify name of affiliated member .....

ID ..... Relation  Father  Mother  Brother  Sister  Other .....

• Home address

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<i>Building</i>	<i>Street</i>	<i>Quarter</i>	<i>City</i>
.....	.....	.....	.....
<i>Country</i>	<i>Email</i>	<i>Home Phone #</i>	<i>Mobile #</i>

• Please describe below if there is any case of physical disability or health condition.

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**2. APPLICATION INFORMATION**

**PLEASE REFER TO THE LIST OF AVAILABLE PROGRAMS ON THE FIRST PAGE**

• Program(s) to which you are applying by priority:

Residency: 1. ....

2. ....

3. ....

Fellowship: .....

• Academic year to which you are applying .....

• Which university(ies) have you attended for Premedical Education?

Name of institution	From / to	Degree/Major (Graduation year)
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.....	.....	.....

• Which university(ies) have you attended for Medical Education?

Medical School	City & Country	Anticipated date of graduation	Degree/Major
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- Please describe any remarkable talents and interests the applicant has or any activities he/she participates in.

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- If you have any reason to doubt the integrity of this applicant, please explain why.

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- In summary, what are the 3 adjectives that describe the applicant the most?

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*Recommender's name in block letters* .....

*Recommender's Signature* ..... *Date* .....



Student's full name (as in official documents)

For official use

Do not write in this box

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Applicant Number

NOTE TO RECOMMENDER: This doctor is applying to the University of Balamand St. George Faculty of P. M. E. Please fill out this form, detach it, and return it to the applicant in sealed envelope for delivery to the Office of the Dean. Your candid responses will help us appraise the applicant's eligibility for admission. The contents of this recommendation are confidential.

First Name Last Name

Post/ Address Organization or Institution Name/Address

Please rate the applicant in terms of:

Table with 6 columns: Skill category, Average or below, Good (Above Average), Excellent (Top 10%), Outstanding (Top 2-3%), No Basis for Judgement. Rows include Cognitive skills, Problem solving, Behavior, Communication, Team work, Motivation, and Responsibility.

- How long have you known the applicant for and for what capacity?
What are your impressions of the applicant's procedural skills specific to the discipline to which he/she is applying?



- Please describe any remarkable talents and interests the applicant has or any activities he/she participates in.

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- If you have any reason to doubt the integrity of this applicant, please explain why.

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- In summary, what are the 3 adjectives that describe the applicant the most?

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*Recommender's name in block letters* .....

*Recommender's Signature* ..... *Date* .....



- Please describe any remarkable talents and interests the applicant has or any activities he/she participates in.

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*Recommender's name in block letters* .....

*Recommender's Signature* ..... *Date* .....