

PLEASE READ THIS PAGE BEFORE FILLING OUT THE APPLICATION

The Admissions Committee compiles a dossier of documents that constitute an application to the Faculty of Postgraduate Medical Education. To complete the dossier, you must submit the following to the Dean's Office at St. George Health Complex or to the Office of Admissions and Registration at the University of Balamand (Kurah).

- Three (3) recent passport - size photographs.
- A photocopy of your Identity Card and/or Passport.
- A certified copy of your Baccalaureate II Certificate or its equivalent.
- A certified copy of your Medical Diploma.
- Official transcript of records.
- Three letters of recommendation (Forms enclosed).
- Evidence of English language proficiency e.g. -TOEFL/IELTS
- Evidence of passing the colloquium exam
- A copy of your Medical School training program and its description.
- An application fee of L.L. 150.000

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 & 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. Academic year starts in July.

LIST OF POSTGRADUATE MEDICAL EDUCATION PROGRAMS

RESIDENCY PROGRAM

- Anesthesiology
- Dermatology
- Family Medicine
- Internal Medicine
- Laboratory Medicine
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otorinolaryngology Head & Neck Surgery
- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Surgery
 - Cardiothoracic Surgery
 - General Surgery
 - Neurosurgery
 - Pediatric Surgery
 - Plastic Surgery
 - Urology
 - Vascular Surgery

FELLOWSHIP PROGRAM

- Cardiology
- Endocrinology
- Gastroenterology
- Hematology and Medical Oncology
- Infectious Diseases
- Nephrology
- Pulmonary Diseases & Intensive Care Medicine

Applicants for the fellowship program should have completed three years of Internal Medicine.

All applications are considered by the University without discrimination as to race, nationality, religion, creed, sex or physical handicaps.



6- Nationality, according to Identity Card or Passport

<i>Nationality at Birth</i>	<i>Present Nationality</i>	<i>Second Nationality, if any</i>
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7- Passport Number and Family Registration Number + Caza (for Lebanese Student)

- Passport Number (for International Student)

8- If you have a physical handicap or health condition which requires special consideration, please note:

9- Is any member of your immediate family currently affiliated with the University? Yes No

If Yes, Please specify in what capacity and the relation of the family member to you

<input type="checkbox"/> <i>Faculty</i>	<input type="checkbox"/> <i>Staff</i>	<input type="checkbox"/> <i>Alumnus</i>	<input type="checkbox"/> <i>Father</i>	<input type="checkbox"/> <i>Mother</i>	<input type="checkbox"/> <i>Brother</i>	<input type="checkbox"/> <i>Sister</i>
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<i>Name of Affiliated Family Member</i>	<i>Position Title or Year Graduated for Alumni</i>	<i>ID</i>
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II- ADDRESS INFORMATION

HOME ADDRESS

MAILING ADDRESS

Building _____ *Apt N°.* _____

Building _____ *Apt N°.* _____

Street _____ *Quarter* _____

Street _____ *Quarter* _____

City _____ *Country* _____

City _____ *Country* _____

(Area Code) Telephone number _____ *Cell Phone number* _____

(Area Code) Telephone number _____ *Cell Phone number* _____

(Area Code) Fax Number _____

(Area Code) Fax Number _____

_____ @ _____
E-mail address

_____ @ _____
E-mail address

III- APPLICATION INFORMATION

Please refer to the list of available programs on the first page

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

Residency : 1) _____

2) _____

3) _____

Fellowship : _____

2- Academic year to which you are applying

Year

3- Premedical Education

University Attended	From	To	Graduation year	Degree/Major

4- Medical Education

Medical School	City	Country	Month and year of Anticipated Graduation	Degree/Major

5- Electives, List the electives you have completed

Elective	University / Hospital	Duration	Date

6- Honours and Awards

List any honours and awards you have received in medical school or other postgraduate programs.

Award	Place	Date





ST. GEORGE FACULTY OF POSTGRADUATE MEDICAL EDUCATION/ RECOMMENDATION FORM

NOTE TO APPLICANT: On the line below please write your name as it appears on your application before submitting this form to the Recommender.

	<i>FOR OFFICIAL USE</i>	<i>DO NOT WRITE IN THIS BOX</i>
(In English) <i>First Name</i> <i>Father's Name</i> <i>Last Name</i>	Application 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.

<i>First Name</i>	<i>Last Name</i>
<i>Post</i>	<i>Address</i>
<i>Organisation or Institution Name</i>	<i>Address</i>

RECOMMENDATION

1 - Please evaluate and indicate how you rate the applicant in terms of :

	<i>No Basis</i>	<i>Average or Below</i>	<i>Good (Above Average)</i>	<i>Excellent</i>	<i>Outstanding</i>
1- Cognitive skills and knowledge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2- Problem solving and patient management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3- Behavior and attitudinal skills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4- Communication skills and working relationships	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5- Ability to work in a team	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6- Motivation and punctuality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7- Sense of responsibility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 - How did you know the applicant and for how long?

UNIVERSITY OF
BALAMAND



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2 - How did you know the applicant and for how long?
