



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 Dekouaneh/ALBA campus or to the Office of Admissions and Registration at Al - Kurah Campus.

- Recent passport-size photograph (taken within the past 6 months)
- A photocopy of your Identity Card and/or Passport.
- A certified official secondary school certificate (Lebanese Bacalaureate or its equivalence from the Lebanese Ministry of Education)
- A certified copy of your Medical Diploma.
- An Official updated university transcript.
- Three recommendation letters (Forms attached).
- For Lebanese applicants, evidence of passing the colloquium exam.
- An application fee of 60\$
- For Residency programs, an IFOM (Clinical Sciences) exam is required

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 *
Anatomical Pathology	Cardiology
Anesthesiology	Endocrinology
Dermatology	Gastroenterology
Emergency Medicine	Hematology and Medical Oncology
Family Medicine	Infectious Diseases
Internal Medicine	Nephrology
Laboratory Medicine	Pulmonary Diseases & Intensive Care Medicine
Medical Imaging	Rheumatology
Neurology	* Applicants for the fellowship program should have completed three years of Internal Medicine and received a Diploma in Internal Medicine
Obstetrics and Gynecology	
Ophthalmology	All applications are considered by the University without discrimination against race, religion, nationality, creed, sex or physical handicaps.
Orthopedic Surgery	
Otorhinolaryngology Head and Neck Surgery	
Pediatrics	
Psychiatry	
Surgery	
• Cardiothoracic Surgery	
• General Surgery	
• Neurosurgery	
• Pediatric Surgery	
• Plastic and Reconstructive Surgery	
• Urology	
• Vascular Surgery	



For official use

Attach a recent
colored passport-size photo

Application number

Accepted Not Accepted

Date application received by Admissions Office

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

.....
Building..... *Street*..... *Quarter*..... *City*.....

.....
Country..... *E-mail*..... *Home Phone #*..... *Mobile #*.....

● PLEASE DESCRIBE BELOW IF THERE IS ANY CASE OF PHYSICAL DISABILITY OR HEALTH CONDITION

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APPLICATION INFORMATION

● Program(s) to which you are applying by priority (Please refer to the list of available programs on the first page):

Residency: 1.
2.
3.

Fellowship: 1.
2.
3.

● Academic year to which you are applying

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

Medical School	City & Country	Anticipated date of graduation	Degree/Major
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.....

- List the electives you have completed during medical school:

Elective	University/Hospital	Duration	Date
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- List any honors and awards you have received in medical school or other postgraduate programs:

Name of award	Place and date
.....
.....

- List the medical research projects (if any) in which you have participated in:

Project title	Advisor's name	Position
.....
.....

- List postgraduate training/work that you have been involved in:

Postgraduate training/work

Type	Institution	Director/Supervisor	Date
.....
.....

Research

Type	Institution	Director/Supervisor	Date
.....

Other

- Language Knowledge: For each category check (✓) the most appropriate box:

	Spoken			Written			Read		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair
ARABIC									
ENGLISH									
FRENCH									
OTHER									

If you select other, please specify:



STUDENT'S FULL NAME (AS IN OFFICIAL DOCUMENTS)

For official use

Do not write in this box

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?

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What are your impressions of the applicant's procedural skills specific to the discipline to which he/she is applying?

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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