

LEBANESE AMERICAN UNIVERSITY
GILBERT AND ROSE MARIE CHAGOURY SCHOOL OF MEDICINE

LEBANESE AMERICAN UNIVERSITY MEDICAL CENTER-
RIZK HOSPITAL
ELECTIVE APPLICATION FORM

Department you are applying to: Application date:

Personal Profile:

First Name: Middle Name:

Last Name: Maiden Name:

Birth Place: Birth Date:

Gender:

Citizenship: Lebanese Non Lebanese Specify:

If non Lebanese, please provide proof of valid residency permit in Lebanon.

Present Mailing Address:

Street Address:

City: Country:

Postal Code: Preferred Telephone:

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Mobile:

Fax:

Email:

Secondary Education:

School Name	From: Month/Year	To: Month/Year	Degree	Year Graduated	City/Country

Additional information may be provided on a separate blank sheet.

Undergraduate Education:

College Name	From: Month/Year	To: Month/Year	Degree	Year Graduated	City/Country

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Graduate Education:

Medical School Name	From: Month/Year	To: Month/Year	Degree	Year Graduated	City/Country

If you have not yet graduated please state expected degree and expected graduation date:

Expected Degree: Expected Graduation Date:

Post Graduate Training:

	Specialty	Institution	Program Director	From: Month/Year	To: Month/Year	City/Country
PGYI						
PGYII						
PGYIII						
PGYIV						
PGYV						
PGYVI						

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Awards:

Medical School Awards	Date

Other Awards/Achievements	Date

Membership in Societies	Date

Additional information may be provided on a separate blank sheet.

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Publications:

Include the following:

- Peer Reviewed Journal Articles/Abstracts/Book Chapter
- Non Peer Reviewed Journal Articles/Abstracts/Book Chapter
- Scientific Monograph; Other Articles
- Oral Presentation; Poster Presentation
- Peer Reviewed Online Publication; Non Peer Reviewed Online Publication

Title	Author(s)	Publication Name	Volume	Issue Number	Pages	Month/Year

Language fluency:

Language	Not applicable	Basic	Fair	Good	Advanced
Arabic					
English					
French					
Other.....					
Other.....					

Medical Licensure:

Countries/States Where You Hold a License to Practice Medicine:	Date License Obtained	Licensure Examination

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Has your medical license ever been suspended/revoked/terminated?

Yes No Date:

Have you ever been involved in a malpractice case?

Yes No Date:

Have you ever been convicted of a felony/misdemeanor/criminal act?

Yes No Date:

Please state any previous or current history of substance abuse:

Yes No Explain:

Additional information:

Was your medical education/training ever interrupted or extended?

Yes No Date:

Reason: _____

Please list three references:

Name	Title	Institution	Address	Phone number	Email Address

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I certify that the information contained within the above application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; or if employed, may constitute cause for termination from the program. In case my application is accepted, I understand and agree to abide by the rules and regulations of the Lebanese American University Gilbert and Rose Marie Chagoury School of Medicine and the University Medical Center Rizk Hospital.

Name: _____

Signature: _____ Date: _____