

**LEBANESE AMERICAN UNIVERSITY**  
**GILBERT AND ROSE-MARIE CHAGOURY SCHOOL OF MEDICINE**  

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**LEBANESE AMERICAN UNIVERSITY MEDICAL CENTER- RIZK**  
**HOSPITAL**

**Residency Application Form**

Department(s) applied to:

Application date:

**Personal Profile:**

First Name:  Middle Name:

Last Name:  Maiden Name:

Birth Place:  Birth Date:

Sex:  Marital Status:

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:  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:**

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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**Certifications:**

MCAT:      Yes       No       Grade:       Date:

USMLE ID:

Step 1: Score       Date:

Step 2: Score       Date:

CSA: Score       Date:

BCLS certification      Yes       No       Expiry date:

ACLS certification      Yes       No       Expiry date:

Other

**Research:**

Topic	Institution/Program	Supervisor/Program Director	From: Month/Year	To: Month/Year	City/Country

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**Awards:**

Award Name	Date

Additional information may be provided on a separate blank sheet.

**Membership in Societies:**

Membership Name	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					

**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 included in 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: \_\_\_\_\_