

**AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER
BEIRUT - LEBANON**

Application for Appointment to the Medical Staff

Name:	Specialty:
-------	------------

Residence		Office	
Street:	City:	Street:	City:
Phone:		Phone:	

Place of Birth:	Date of Birth:
-----------------	----------------

EDUCATION

Undergraduate		
School:	Year Graduated:	Degree:

Graduate		
School:	Year Graduated:	Degree:
Medical (or Dental) School:	Year Graduated:	Degree:

POSTGRADUATE TRAINING			
Internship:	Type:	Hospital:	Year(s):
Residencies:	Type:	Hospital:	Year(s):
Fellowships:	Type:	Hospital:	Year(s):

Date of Lebanese Licensure:	License No.:
Specialty Board Certifications:	Dates:
Other Certifications:	Dates:
Hospital Appointments:	Dates:

TEACHING APPOINTMENTS:

SCIENTIFIC AND MEDICAL SOCIETY MEMBERSHIPS:

PUBLICATIONS:

CARDIOPULMONARY RESUSCITATION (CPR) TRAINING

	Yes	No
I have completed training in CPR		
Copy of certificate is attached		
I am enrolled in CPR training		
I will send copy of certificate upon completion		
I am not trained in CPR, but am willing to enroll in training		

I am unable to qualify in CPR for the following reasons:

I hereby pledge that I will abide by and support the Bylaws, Rules and Regulations of the Medical Staff of the Medical Center of the American University of Beirut as amended from time to time; and to abide by the attached set of policies:

NAME *(Print)*

SIGNATURE

DATE

PROPOSAL FOR APPOINTMENT

O F

TO THE MEDICAL STAFF OF THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER AS:

- | | |
|--|---|
| <input type="checkbox"/> ACTIVE MEDICAL STAFF | <input type="checkbox"/> WITH ADMITTING PRIVILEGES |
| | <input type="checkbox"/> WITHOUT ADMITTING PRIVILEGES |
| <input type="checkbox"/> ASSOCIATE MEDICAL STAFF | <input type="checkbox"/> WITH CONSULTATION PRIVILEGES |
| | <input type="checkbox"/> WITHOUT ADMITTING PRIVILEGES |
| <input type="checkbox"/> EMERITUS MEDICAL STAFF | <input type="checkbox"/> WITH ADMITTING PRIVILEGES |
| | <input type="checkbox"/> WITHOUT ADMITTING PRIVILEGES |

PROPOSER:

Presented by the Secretary to the Medical Board on: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Approved by the Medical Board on:	Date:
Approved by the Dean, Faculty of Medicine on:	Date:
Pledge Signed on:	Date:

AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER
BEIRUT - LEBANON

General Policies

Attachment to Application for
Medical Staff Appointment

1. Members of the Medical Staff are expected to utilize the available diagnostic and therapeutic facilities for the care of their patients. The facilities at the Hospital are under constant upgrading and reassessment to maintain them at the highest possible level of proficiency.
2. Members of the Medical Staff on full time appointment in the Faculty of Medicine shall restrict their professional practice to the Hospital, its out patient department or other medical care facility administered by the Hospital, as assigned by the Chairman of the Department and the Dean; except for consultations.
3. Members of the Active Medical Staff on clinical appointment in the Faculty of Medicine shall be actively engaged in teaching/research/service at the Medical Center, as assigned by their respective departmental chairmen, for a minimum of 600 hours/year (12 hours/week). They shall be expected to maintain the Hospital as the primary facility for their private patients.

Members of the Associate Medical Staff appointed as "Associates" in the Faculty of Medicine shall be expected to be actively engaged in teaching/research at the Medical Center, as assigned by their respective departmental chairmen, for a minimum of 200 hours/year (4 hours/ week).

4. Members of the Medical Staff are expected to:
 - a. Attend departmental meetings
 - b. Attend meetings of the Medical Staff
 - c. Serve on committees
5. The foregoing duties, as well as the educational and other professional responsibilities of a member of the Medical Staff, are concomitants of the privileges of admitting patients to the Hospital. The continuation of this privilege depends upon conscientious and verifiable carrying out of these responsibilities.
6. Corrective measures and disciplinary action may be taken for violation of the Bylaws and Rules and Regulations. An appeal mechanism safeguards the rights of the individual.

Signed: _____

Date: _____