Application for Visiting Resident Elective Rotation

Office of Graduate Medical Education,
Faculty of Medicine and Medical Center
American University of Beirut,
P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020,
LEBANON
Tel: 961 1 350000 Ext: 4526/4706/4758
Fax: 961 1 744 489
E-mail: gme@aub.edu.lb

Part I (to be completed by the resident or clinical fellow applying for elective)

I am requesting a rotation as a(n): □ Visiting Resident □ Observer Visiting Resident

<table>
<thead>
<tr>
<th>ELECTIVE CHOICE</th>
<th>Specialty / Sub Specialty</th>
<th>Start Date (dd/mm/yyyy)</th>
<th>End Date (dd/mm/yyyy)</th>
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<td>First Choice</td>
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<td>Second Choice</td>
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<td>Third Choice</td>
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APPLICANT INFORMATION

1. Name (print full name in accordance with identity card or passport)
   - In English Last First Middle
   - Birth Date: ___________ (dd/mm/yyyy)
   - Gender: □ Female □ Male
   - Cell phone: ___________
   - Citizenship: □ Lebanese □ Other ___________
   - Current mailing address
     - Bldg. Street City Country

E-mail (This email address will be used to communicate with you the status of your application)

ACADEMIC HISTORY

7. Medical School: ____________________________
   - Date Degree Awarded: _______________________ (dd/mm/yyyy)
9. List all residency/fellowship training in chronological order, beginning with the most recent institution (Do not abbreviate names)

<table>
<thead>
<tr>
<th>Dates From (dd/mm/yyyy)</th>
<th>Dates To (dd/mm/yyyy)</th>
<th>Sponsoring Institution and Address</th>
<th>Program Name</th>
<th>PGY Level</th>
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1 To be eligible for Visiting Resident status, you should have passed USMLE Step II or the IFOM CSE (within the past two years) and have the approval of the concerned department. Acceptance as visiting resident is at the discretion of the Program Director and the Office of Graduate Medical Education.

2 Observer Visiting Resident may watch procedures, surgeries, patient histories and physicals. Observers may attend patient rounds, teaching conferences and utilize the medical library. Observers may not participate in any patient care activities. In essence, observers may not examine patients, scrub on surgical cases or write in medical records.
10. Kindly state the objectives of your elective (use extra pages if needed)


11. Have you been a visiting resident or an observer visiting resident at AUB before? □ Yes □ No

If yes, state when and which specialty:

Date: ______________   Specialty: ______________________

I certify that my answers are true and complete to the best of my knowledge and that I have reviewed the Visiting Resident Policy. I understand that false or misleading information may result in my release from the training program.

Resident’s Signature   Date

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Part II (to be completed by the Director of the Training Program in which the Visiting Resident is currently enrolled)

1. Resident’s Name: _____________________

2. PGY Level: ______________________

3. Current Specialty: ______________________

4. Current training program institute (name and address)

Name of Institution

Street Address   City   Country   Zip/Postal Code

5. Program Contacts:

Program Director   Program Coordinator

Printed Name: _____________________   _____________________

Phone: _____________________   _____________________

E-Mail: _____________________   _____________________

I certify that the resident described in this application is currently in good standing in this program and has been approved to participate in this elective rotation.

Program Director’s Signature   Date

Please Put the Institution’s Seal/Stamp

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Part III (to be completed by the AUBFM Program Director providing the elective)

I certify that the resident described on this application is □ Approved / □ Disapproved for participation in the elective rotation

If approved: From _________________ To _________________

(dd/mm/yyyy)   (dd/mm/yyyy)

AUBFM Program Director’s Signature   Date
IMMUNIZATION REQUIREMENTS
You must attach supporting documentation of all vaccines or titer results. Do not attach original records. Submit photocopies only. Records can not be returned. All immunizations listed below must be current prior to starting rotation electives.

### RESIDENT’S PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Resident’s Name:</th>
<th>DOB:</th>
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<thead>
<tr>
<th>Marital status:</th>
<th>Gender:</th>
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<tr>
<td>Single</td>
<td>M</td>
</tr>
<tr>
<td>Married</td>
<td>F</td>
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<tr>
<td>Divorced</td>
<td></td>
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<tr>
<td>Widowed</td>
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### IMMUNIZATION INFORMATION

#### Tetanus – Diphtheria: Booster shot within the past ten years is required.

Date of Tetanus - Diphtheria Booster:

#### Hepatitis B – Doses one and two given four weeks apart. The third dose should be at least 4 to 6 months after the first dose.

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<thead>
<tr>
<th>Date of Vaccine #1:</th>
<th>Date of Vaccine #2:</th>
<th>Date of Vaccine #3:</th>
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<table>
<thead>
<tr>
<th>Date of Antibody Titer:</th>
<th>Results of Antibody Titer:</th>
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<tr>
<td></td>
<td>O  Positive  O  Negative</td>
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#### Measles – One of the following is required:

1. Signed physician’s record documenting two immunizations at least 30 days apart

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<thead>
<tr>
<th>Date of vaccine #1:</th>
<th>Date of vaccine #2:</th>
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2. Laboratory report of positive immune serum antibody titer

   Date of Antibody Titer:

#### Mumps – One of the following is required

1. Signed physician’s record documenting immunization

   Date of vaccine:

2. Laboratory report of positive immune serum antibody titer

   Date of Antibody Titer:

#### Rubella – One of the following is required

1. Signed physician’s record documenting immunization

   Date of vaccine:

2. Laboratory report of positive immune serum antibody titer

   Date of Antibody titer:

#### Chicken Pox (Varicella) – One of the following required

1. Laboratory report of a positive immune serum antibody titer

   Date of Antibody Titer:

2. Signed physician’s record documenting two immunizations at least one month apart

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<thead>
<tr>
<th>Date of Vaccine #1:</th>
<th>Date of Vaccine #2:</th>
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3. History of Disease:

#### Tuberculosis–PPD skin test (5tu) within 11 months of program start date. This includes people who received BCG in the

<table>
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<th>Date of skin test:</th>
<th>Results at 48-72 hours:</th>
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<td>O  Positive  O  Negative</td>
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<td></td>
<td>_____ mm</td>
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Chest X-ray taken?

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<tr>
<th>Yes</th>
<th>No</th>
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Results of chest x-ray

<table>
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<tr>
<th>Normal</th>
<th>Abnormal *</th>
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Did you take INH / Anti Tuberculosis Treatment?

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<tr>
<th>Yes</th>
<th>No</th>
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* If Chest X-Ray is abnormal please attach report

#### Hepatitis A (Optional)

Date of Vaccine #1:  

Date of Vaccine #2:

#### Meningococcal (Optional)

Date of Vaccine:

### FORM COMPLETED BY:

<table>
<thead>
<tr>
<th>Name of Physician:</th>
<th>Licensure Number:</th>
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<table>
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<tr>
<th>Signature:</th>
<th>Date:</th>
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INSTRUCTIONS FOR APPLYING

1. **Status Eligibility**: Visiting residents/fellows must be currently enrolled in a training program and have the approval of their program director. Residents should submit their application at least three months prior to their elective start date.

2. **Elective Programs**: Visiting residents can participate in medical programs that are in progress. Special programs cannot be devised to suit special requirements by the resident or their sponsors.

3. **Elective Period**: Elective rotations are not to exceed three months per academic year and should fall within the duration of the resident/fellow’s training program.

4. **Space Availability**: Participation in any elective rotation will be allowed on a space-available basis. Selection dates must have final approval from host department program director.

5. **Application Required Documents**: The application will not be processed until the following items are submitted:
   - Application for Visiting Resident Elective Rotation (Parts I and II filled and signed)
   - Completed immunization record (page 3 of the application)
   - Updated Curriculum Vitae
   - Photocopy of ID or Passport
   - Photocopy of medical diploma
   - Official medical school transcript of record
   - Three letters of recommendations
   - Results of the USMLE Step II or the IFOM CSE if applying as a Visiting Resident; as of June 2017, USMLE step I or IFOM BSE will be also required.
   - Results of English Proficiency Language TOEFL (IBT: 88, PBT: 573, CBT: 230) or IELTS(7) if applying as a Visiting Resident
   - Non-refundable processing fee of L.L. 75,000 (US $ 50)
   - In case of acceptance, an additional elective fee of L.L. 100,000 will be incurred; L.L.75,000 of which is for the application fees and L.L. 25,000 is for the AUBnet account charges of **ONE MONTH ONLY**.
   - Evaluation form of the resident’s performance (if required by the resident’s training program)

6. **Application material should be sent to**:
   - Office of Graduate Medical Education
   - Faculty of Medicine and Medical Center
   - Saab Medical Library Bldg., Mi'mari Street
   - American University of Beirut
   - Beirut, Lebanon
   - P.O. Box: 11-0236, Riad El-Solh, Beirut 1107 2020, Lebanon

7. **Questions regarding the application process**:
   - Graduate Medical Education Office
   - Tel: 9611350000 Ext: 4526/4706/4758
   - E-mail: gme@aub.edu.lb

**IMPORTANT NOTES ON ELECTIVE ROTATION REQUIREMENTS**

1. **Liability Insurance**: Liability Insurance is required during the time of your elective.

2. **Immunizations**: Visiting residents must submit documentation of immunization or lab reports showing results of antibody titers for immunity to Tetanus-Diphtheria, Hepatitis B, Measles and Rubella, Mumps, Chicken Pox (Varicella), and an annual Tuberculin skin test taken within a year of the rotation start date.

3. **Dress Code**: Visiting Residents must provide their own white coat that must be worn all the time. Professional attire is required.

4. **ID Badge**: Visiting residents must wear the ID badge provided through the Graduate Medical Education Office at all times.

5. **Lodging**: Visiting residents cannot be accommodated in the University housing student facility and have to search for and rent their own apartment. Lodging will be at the resident's expense.

6. **Parking**: Visiting residents cannot access the AUB employees parking but there are multiple parking options around the AUB Medical Center (AUBMC) in addition to the three visitors’ parking lots on the Medical Center campus.

7. **On-Line Training Modules**: Visiting residents are required to complete and pass the AUBMC on-line training modules on Infection Control and Fire Safety training prior to the start of their elective rotation. The minimum required score to pass each test is 80 out of 100, and visiting residents have a maximum of 3 attempts. To access the online Moodle courses, visiting residents need to activate their AUBnet account and inform the GME Office of their AUBnet username.

8. **AUBnet Account**: Visiting residents are required to fill out and sign the “Sponsored AUBnet User Account” form in order to activate their visiting AUBnet account prior to the start of their elective rotation. This will allow them access the required online Moodle courses and to have AUB email, public PC access throughout AUB, help desk support and internet access throughout their elective period. The AUBnet account charge of a one month period is included the application fee. Visiting residents who are accepted for more than one month and who wish to use the AUBnet account; will have to pay L.L. 25,000 per month.

9. **Confidentiality Statement**: Visiting residents must read and sign the AUBMC confidentiality statement before starting the rotation. This statement will be filed in the Office of Graduate Medical Education with the resident’s application.

10. **Policies**: Visiting residents must adhere to all policies, practices, rules, bylaws, and the regulations of the AUBMC,
Department(s), and Medical Staff and to all applicable Lebanese laws, as well as the standards required to obtain or maintain accreditation by Lebanon’s Ministry of Public Health, the JCI, the ACGME-I, and any other relevant accrediting, certifying, or licensing organizations.