



Application for Post-Doctoral Training

Faculty of Medicine, Office of the Dean,
 American University of Beirut,
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 Lebanon
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Each applicant is entitled to make three different choices. Indicate the preference of your choice by writing 1, 2 & 3 in the blank boxes under the level of training adjacent to each program.

List of available training programs

Program	Level of Training	Eligibility to apply	Fellowship training
Anesthesiology*	First Postgraduate Year (PGY I)		
Dermatology*	Second Post Graduate Year (PGY II)	Applicant must have completed one year of internship (PGYI) at AUB in any discipline	1 _____
Diagnostic Radiology*	Second Post Graduate Year (PGY II)	Applicant must have completed one year of internship (PGYI) in any discipline	2 _____
Family Medicine	First Postgraduate Year (PGY I)		3 _____
Internal Medicine	First Postgraduate Year (PGY I)		
Laboratory Medicine	First Postgraduate Year (PGY I)		
Obstetrics & Gynecology	First Postgraduate Year (PGY I)		
Ophthalmology*	Second Postgraduate Year (PGY II)	Applicant must have completed one year of internship (PGYI) in Internal Medicine at AUB	
Orthodontics	First Postgraduate Year (PGY I)	Applicant must have a dental degree	
Otolaryngology*	Second Postgraduate Year (PGY II)	Applicant must have completed one year of internship (PGYI) in Surgery at AUB	
Pathology	First Postgraduate Year (PGY I)		
Pediatrics	First Postgraduate Year (PGY I)		
Surgery	First Postgraduate Year (PGY I)		

PERSONAL INFORMATION

1. **Name** (print full name in accordance with identity card or passport)

In English Last First Middle

In Arabic Last First Middle

2. **Maiden name** _____

3. **Mother's full maiden name**

In English In Arabic

4. **Gender** Female Male

5. **Citizenship** Lebanese other _____

* Applicants must have completed one year of internship (PGYI) before applying to these departments. Anesthesiology & Diagnostic Radiology: PGYI unspecified, Dermatology and Ophthalmology: PGYI Medicine or Surgery, Otolaryngology: PGYI Surgery.

6. Marital Status **Single** **Married**

7. Name of Spouse _____ Nationality _____

8. Date and place of birth (according to identity card or passport)

_____/_____/_____ (e.g. 27-JUN-1975) _____/_____ _____
Day Month Year City Country

9. Passport information (for non-Lebanese) Passport No. _____ Expiration date _____

10. Current mailing address (the address you provide under this item will be used to communicate to you the decision of the Selection Committee)

_____/_____/_____ _____
Bldg. Street City Country

_____/_____/_____ _____
Cell phone Fax e-mail

11. Permanent mailing address (complete this item only if different from address in No.10)

_____/_____/_____ _____
Bldg. Street City Country

_____/_____/_____ _____
Telephone Fax e-mail

12. Name of dependent children

Name	Date of birth	Place of birth
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____

EDUCATION

13. List all Medical colleges/universities attended with the dates of attendance (provide documents)

Name of college/university	Location (City and Country)	From Mo/Yr	To Mo/Yr	Date of graduation & degree received
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

14. List any graduate education or post-doctoral training already accomplished (provide documents)

Internship	From	To	Hospital/Medical School
_____/_____/_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
Residency	_____/_____/_____	_____/_____/_____	_____/_____/_____
Research	_____/_____/_____	_____/_____/_____	_____/_____/_____

15. Did you take the following international exam? If yes, indicate grade next to each field (provide documents)

USMLE step I _____ USMLE step II _____ TOEFL _____ EEE _____

16. Are you licensed to practice? If yes, indicate Country _____

17. Language proficiency

	Writing			Reading			Speaking		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
a. English									
b. Arabic									
c. French									
d.									

18. Where you previously registered at AUB?

Yes

No

If yes: _____

Faculty

/Academic Year

ID Number

Degree obtained & data of graduation

19. Do you have any physical disability? If yes, describe (information requested only to enable the University to better serve applicant)

REFERENCES (write below addresses of three persons who can testify to your personal and professional qualities)

1) _____ / _____
 Name Occupation

_____ / _____ / _____
 Phone No. Fax No. e-mail

2) _____ / _____
 Name Occupation

_____ / _____ / _____
 Phone No. Fax No. e-mail

3) _____ / _____
 Name Occupation

_____ / _____ / _____
 Phone No. Fax No. e-mail

I certify that the information provided is, to the best of my knowledge, complete and accurate. I further understand that Before any appointment becomes valid, I must pass a physical examination at the University Health Services.

Date _____

Signature in English _____

APPLICATION FOR THE POST - DOCTORAL TRAINING PROGRAM

INSTRUCTIONS

1. It is preferable that all items be typed. If handwritten, please use block letters.
2. The applicant's name exactly as it appears in item 1, will be used on all documents issued by the Faculty of Medicine such as diplomas and certificates.
3. The information which is requested in Arabic (in items 1 and 3) is requested only from Arabic speaking applicants.
4. The application must be completed by the applicant himself or herself and must reach the Dean's Office (Student and Academic Affairs section) of the Faculty of Medicine no later than January 15, 2008
5. All applications should include the following documents: (1) certified copy of the MD (2) certified copy of the transcript of record and (3) at least three letters of recommendation.
6. An application will not be processed if it does not include the following: a) a recent, passport size, colored photograph of the applicant pasted on the application, b) a photocopy of the applicant's identity card or passport, c) an application fee of L.L 75,000 or 50 US Dollars (the application fee is not refundable), d) documents mentioned in item 5.

GENERAL INFORMATION

Non-AUB medical graduates are eligible to join the post-doctoral training program of the Faculty of Medicine and the Medical Center at the level of Internship Program (Post graduate year I, PGYI). Applicants to the departments of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Surgery have to take the PGY I year again even if they have already completed a year of internship at another institution.

Applicants to the departments of Diagnostic Radiology, Dermatology, Ophthalmology and Otolaryngology must have completed one year of internship (PGYI) before applying to these departments. The PGY I is unspecified for Diagnostic Radiology, whereas for Dermatology and Ophthalmology the PGY I must be completed either in Internal Medicine or in Surgery. For Otolaryngology the PGY I must be completed in Surgery.

Dental graduates are eligible to join the Orthodontics and Dentofacial Orthopedics residency program. This advanced education program is designed to carry clinical activities in a scholarly environment where basic science and clinical orthodontics are integrated. For more information about the dates of the qualifying examinations, please contact us by e-mail.

FELLOWSHIP PROGRAMS

Non-AUB graduates who have completed their residency training at another institution are eligible to join the fellowship program in the Department of Internal Medicine in the

following divisions: Cardiology, Endocrinology and Metabolism, Gastroenterology, Hematology-Oncology, Infectious Diseases, Nephrology, Neurology, Pulmonary and Critical Care Medicine, and Rheumatology, and in the Department of Pediatrics in the following divisions: Hematology-Oncology, Neonatology, and Neurology.

QUALIFYING EXAMINATIONS

Applicants are required to take a medical examination and a proficiency examination in the use of English language. The examination in medical sciences includes the following subjects: Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, Surgery. Concepts relating to other basic and clinical disciplines may be incorporated in questions pertaining to the listed disciplines. The English examination is a standard English Entrance Examination (EEE) sponsored by the Office of Institutional Research and Assessment (OIRA) of the University and administered to all applicants planning to join University programs.

DATES EXAMINATIONS

English Entrance Examination:
Thursday January 31, 2008, 10:00 a.m. - 1:30 p.m. Nicely Building, room 500, 3rd floor.

Examination in the Medical Sciences:
Friday February 1, 2008, 8:00 a.m. - 12:00 noon & 1:00 p.m. -5:00 p.m. Nicely Building room 500, 3rd floor.

EXEMPTION FROM EXAMINATION

Graduates who have passed the USMLE step II with competitive score, and TOEFL (minimum score of 573, 230, or 88 on PBT, CBT, or IBT respectively) will be exempted from AUB medical sciences examination and EEE respectively. Exemption from examination does not imply that the applications will not pass through the regular selection process.

EXAMINATION FEES

Examination in the Medical Sciences: L.L 120,000.00 (US \$ 80), including application fee.

English Entrance Examination: LL 120,000.00 (US \$ 80) including application fee.

REGISTRATION & PAYMENT OF FEES

Applications are accepted in the Dean's Office. Registration and payment of fees for examinations take place in the Office of the Dean – Office of Graduate Medical Education, from November 15, 2007 to January 15, 2008. A recent passport-size photograph is required. The attention of the applicant is drawn to the fact that selection is on a highly competitive basis. The total number of applicants accepted is determined by the availability of positions.