



Application for Fellowship Program

Dar Al Fouad Hospital

In Collaboration with
Cleveland clinic international

APPLICATION FOR FELLOWSHIP PROGRAM

Application for fellowship in Cardiology Department 2008.

Personal information:

First, Middle, Last Name (No Initial) _____

Present Address.

Telephone No. (Home-Work)

E-Mail Address _____

Fax Number (If international, please provide country and city codes)

EDUCATION:

High school _____ Grade: _____ Date: _____

Name of the medical school _____

Medical School Dates from _____ to _____

General graduation Degree _____

Master Degree: Year: _____ Grade: _____ University: _____

Residency Period; From: _____ To: _____ Hospital: _____

Examination Taken and Test Scores

USMLE Step 1 _____ Step 2 _____ Step 3 _____

TOEFL _____



ADDITIONAL INFORMATION:

1. Do you have a military commitment? **Yes** No

If yes: Starting _____ for _____ years in _____ -

2. Do you hold a local medical license? **Yes** No

References and Supporting Documents:

If the candidate is selected for an interview the following documents should be provided at least one week before:-

- 1) Personal statement
- 2) Two letters of recommendations
- 3) A copy from the medical diploma and "Master degree in cardiology".
- 4) Photo ID
- 5) A proof of residency period.

The policy of Dar Al Fouad hospital is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are all made upon the basis of the best qualified candidate.

I certify that the information given or attached is true, accurate and complete.

Signed _____

Date _____

- ◆ Please, download this form, then fill the form and send it back by Courier Mail to :
Dar Al Fouad Hospital – 26 July St., the Touristic Zone, 6th of October City, Giza, 12568 Egypt.
Attention Cardiology Department Secretary.