

APPENDIX A



Kingdom of Saudi Arabia
Ministry of National Guard- Health Affairs
King Saud Bin Abdulaziz University for Health Sciences



APPLICATION FOR ADMISSION TO
POSTGRADUATE RESIDENCY TRAINING PROGRAM

Facility: Central Region Western Region Eastern Region Al Madinah Al Monawarah

PERSONAL INFORMATION

(Photo)

Name : _____
Last Name First Name Middle Name

Sex : Male Female Saudi ID No.: _____

Date of Birth : ____/____/____ Place of Birth: _____

Marital Status : Single Married No. of Dependents : _____

Address in KSA : _____

Phone No. : _____ Fax No. : _____
 Mobile No. : _____ Email : _____

Other Contact Person

Name : _____

Phone No. : _____ Fax No. : _____

Mobile No. : _____ Email : _____

I AM APPLYING FOR RESIDENCY TRAINING PROGRAM IN:

- | | | |
|------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Advance Education In General Dentistry (AEGD) | <input type="checkbox"/> Neurology | <input type="checkbox"/> Periodontics |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Community Medicine | <input type="checkbox"/> Orthopedics Surgery | <input type="checkbox"/> Pediatric Surgery |
| <input type="checkbox"/> Critical Care Medicine | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Dental Implant | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Endodontics | <input type="checkbox"/> Oral Maxillofacial Surgery | <input type="checkbox"/> Restorative Dentistry |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Oral Medicine | <input type="checkbox"/> Physical Medicine & Rehab. |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Family Medicine & PHC | <input type="checkbox"/> Pediatric Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Pediatric Dentistry | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Prosthodontics | |

If others, please specify:

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Sponsor/ Institution (If Sponsored)

Sponsor/ Institution Name : _____

Director : _____

Tell No. : _____ Fax No.: _____ Email : _____

EDUCATION AND PREVIOUS EXPERIENCE

Degree Held : _____

Specialty : _____

School : _____

Address : _____

Year Graduated : _____ Grade/Score : _____

Internship Training:

Institution/Hospital	Specialty	Date	
		From	to

Entry Exam Obtained (SLE) Score : _____ Entry Exam NOT Obtained

Other Hospital of Volunteer work (please describe):

Other honors, awards, or prizes earned, if any:

What type of medical career do you see yourself following in (say) 10 years:

Have you obtained Saudi Board or equivalent?

What types of research activities have you engaged in?

List down any published scientific papers (specify title, Journal, and date):

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Which Journal do you read regularly?

REFERENCES:

Please provide the names and addresses of three referees who are familiar with your educational or professional work

Name : _____
Profession : _____
Institution/Address : _____
Phone No. : _____ **Mobile No.** : _____

Name : _____
Profession : _____
Institution/Address : _____
Phone No. : _____ **Mobile No.** : _____

Name : _____
Profession : _____
Institution/Address : _____
Phone No. : _____ **Mobile No.** : _____

Name : _____
Profession : _____
Institution/Address : _____
Phone No. : _____ **Mobile No.** : _____

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STATEMENT OF PURPOSE

Please give your reasons for wanting to pursue postgraduate medical education at Ministry of National Guard-Health Affairs (MNG-HA) in the area you have selected, Include the following:

- Your career objectives.
- Future professional plans.
- How MNG-HA program will help you meet your goals.
- Other information which you believe will help the admissions committee.

Write your statement in the space provided below or in a separate page (print or type):

This application is made with the understanding that, if I am accepted, I will serve for the full time for which I am appointed and I will faithfully observe the rules and regulations of MNG-HA

Signature : _____ **Date :** _____

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Admission Requirements for Residency Training Programs:

1. Acceptance letter from Saudi Commission for Health Specialties.
2. Completed application
3. Updated CV
4. MBBS Degree GPA of 3.5 / 5 & Above or equivalent
5. Academic Transcript
6. Internship Certificate
7. Minimum of 3 recommendation letters
8. Saudi ID
9. Copy of Passport.
10. Three photographs
11. Sponsorship letter (directed to Postgraduate Medical Education).
12. Valid Basic Life Support (BLS) Certificate.
13. Saudi Licensure Exam (SLE- for applicants for residency training program)
14. Fit for the profession as per the institution policy (proof of medical checkup).
15. Any further requirements.

SUBMIT TO:

Postgraduate Medical Education in the selected facility:

Riyadh: Postgraduate Medical Education (MC2338)
King Abdulaziz Medical City in Central Region (KAMC-CR)
Tel. No. (009661)2528800
Extension 13506/13364/13659
Fax No. 13413
Email: mededul@ngha.med.sa

Jeddah: Postgraduate Medical Education (MC6133)
King Abdulaziz Medical City in Western Region (KAMC-WR)
Tel. No. (0096612) 226 6666
Extension. 21372/21373/28340/24644/22461/24898/28186/22774
Email: pgmewr@ngha.med.sa

Al Ahsa: Postgraduate Education (MC111)
King Abdulaziz Hospital
Tel. No. (0096613) 533 9999
Extension 36901/33882/38382/33889
Fax No. 33888
Email: Rtp-er@ngha.med.sa; medicale2@ngha.med.sa

Dammam: Postgraduate Education (MC091)
Imam Abdulrahman Al Faisal Hospital (IAFH)
Tel. No. (0096613)8532555 / 0138532730
Extension 32730 / 32731 / 32732 /32734
Email: DmpostgraduateEdu@ngha.med.sa

Al Madinah Al Monawarah: Postgraduate Education & Academic Affairs (MC591)
Prince Mohammed Bin Abdulaziz Hospital (PMBAH)
P. O. BOX 40740 Madinah
Tel. No. (0096614)8669999
Extension 68415/68074/68876
Email: mededu-pmbah@ngha.med.sa