

Where and when did you learn English? _____

How often do you converse in English? _____

Assess your English skills:

Reading: _____ fluent _____ good _____ average _____ poor

Writing: _____ fluent _____ good _____ average _____ poor

Speaking: _____ fluent _____ good _____ average _____ poor

Comprehension: _____ fluent _____ good _____ average _____ poor

ADDITIONAL INFORMATION

Are you certified by Foreign Medical Graduate Examination in Medical Sciences (FMGEMS)?

_____ yes _____ no

What other medical centers will you be visiting? _____

What are your personal objectives for your proposed visit? _____

Desired time for this visit: _____ month _____ year Desired length of visit: _____ weeks/months

List the departments you would like to visit: _____

What are your areas of expertise and/or special interest? _____

What are your current responsibilities and/or activities in your institution? _____

In what ways would you be able to participate in teaching activities? _____

List topics which you would be prepared to discuss or present: _____

Signature _____

Date _____

APPLICATION FOR A FOREIGN PHYSICIAN OR HEALTH CARE PROFESSIONAL

PART 2

To be completed by the Dean, Chairman, or other senior authorized representative of the institution sponsoring the visit and should be forwarded with: 1) A SEPARATE LETTER FROM THE INSTITUTIONAL REPRESENTATIVE, ON OFFICIAL STATIONARY. 2) INFORMATION ABOUT THE SPONSORING INSTITUTION, E.G., BROCHURE, ANNUAL REPORT, NUMBER OF HOSPITAL BEDS, ETC.

Name of candidate _____

Title of candidate _____

Name of sponsoring institution _____

Address of institution _____

Telephone _____ Fax _____

What are the objectives of your institution in sponsoring this candidate? _____

In what way will this appointment be of benefit to your institution? _____

Will the candidate be visiting any other medical facilities in the USA? _____

To what extent is the candidate expected to teach in your institution? _____

How do you assess the candidate's English skills? _____

In what ways will your institution support the candidate for this visit? (Check all that apply)

_____ Air fare _____ Salary continuance _____ Lodging expenses

Name and title of person to contact in sponsoring institution _____

Telephone _____ Fax _____

E-mail address _____

Name of Dean, Chairman, or authorized representative _____

Signature _____ Date _____