

**Application for Fellowship Abroad for AY 2022/2023
 (Al Jisr Foundation Announcement - Critical Care)**

 PHOTO
 (4X6 cm)

PERSONAL DETAILS:

 Full Name National ID Card No.....
 E-mail:.....Telephone:
 Employer & Directorate General of Health Services

ACADEMIC EDUCATION:

 Name of University/College Attended.....
 Degree Obtained & Date of Graduation
 Date of Completion of Internship Program.....
 Qualifying International Exams (e.g., MCCEE, USMLE, AMC, MRCS, MRCP etc.)

Have you completed a Residency Program? (Yes/No)

If yes, please state the following:

Residency Program

Training Body.....

Start and End Date of Residency Training.....

Do you hold an OMSB Specialty Certificate or equivalent? (Yes/No)

Do you have a valid IELTS, TOEFL or OET certificate? Please state your scores:

 Listening Reading Writing Speaking Overall Score

COUNTRIES of Interest:
 Canada USA Ireland UK Australia New Zealand

You may select more than one country but please ensure that you meet the requirements of each country you are applying for. Refer to our webpage for more details.

<https://omsb.gov.om/home/infoPage?id=616>

Please submit the following: (tick the boxes):

- Personal Statement (reason for choosing the specialty you are most interested in)
- Curriculum Vitae (updated)
- Copy of Bachelor and MD (or equivalent) Degrees in Arabic and English
- Transcript of Academic records (in English)
- Internship Certificate
- Postgraduate Qualifications
- Scores of International Exams
- Certificate of Completion of Training
- Specialty Certificate
- Proof of English Language Proficiency Test, if Any (IELTS, OET)
- 3 Recommendation Letters from Consultants or Senior Consultants.
- Photocopy of Passport

Please submit evidence of any postgraduate Qualification you hold, including scores: Undocumented qualifications will not be considered.

I declare that all information provided in this application form is true, complete and correct to the best of my knowledge and belief. I understand that any misinterpretation or material omission made on application form or any document requested renders a trainee liable to termination of training.

Applicant's Signature: **Date:**

Director General of Health Services:.....

Signature and stamp of the Director General of Health Services:

.....

For information on Fellowship programs abroad, requirements, applications and deadlines, visit our page:

<https://omsb.gov.om/home/infoPage?id=616>