

Name: _____

Date: _____

[In order to help us determine your eligibility please answer the following:](#)

What is your Citizenship? Do you have dual Citizenships? **YES** **NO**

Where did you obtain your MD? _____ When (date) _____

Did you do an internship? If yes, please specify the years:

Start date: _____

End Date: _____

Was the internship part of the Undergraduate training, required to obtain an MD? **YES** **NO** Was the internship part of the Postgraduate Training? **YES** **NO**

Internship details:

Start Date _____

End Date: _____

Have you finished your residency training? **YES** **NO**

How many years of Residency training did you do:

Start Date _____

End Date: _____

Do you have a Specialty Certificate? **YES** **NO** Specialty _____Did you do any other postgraduate training after finishing your residency? **YES** **NO**

Dates: _____

Fellowship positions are non funded by the Ministry of Health. Do you have funding: **YES** **NO**

Acceptable Scholarships can be granted by a government, a scientific or international organization, a University of Faculty of Medicine. All other scholarships (for example, self-funding) will be refused. Unfunded training is not possible. The minimum acceptable bursary is the equivalent of the R-1 Salary (approximately \$43,000 dollars per year). Additionally scholarships must cover the tuition fees and other student fees.
