

## APPLICATION FOR FELLOWSHIP 2019

**We strongly recommend that you read the application carefully, print, fill-in and scan to [medicaleducation@doh.gov.ae](mailto:medicaleducation@doh.gov.ae) by the deadline specified.**

### INTRODUCTION

The Department of Health is pleased to announce the opening of Fellowship Programs for 2019. This fellowship will be offered as independent programs at the approved training facilities. The fellowship programs are a 2-3 year, Arab Board and Jordanian Board accredited training programs for physicians interested in subspecializing in.

### ELIGIBILITY CRITERIA

**PLEASE NOTE, THE FOLLOWING CRITERIA MUST BE MET FOR EACH PROGRAM:**

- Arab Board Certification (or equivalent from Tier 1 or Tier 2 please refer to HPQR 2017) within five years (Non UAE Nationals Only)
- Valid Emirates ID card Or Passport (All Nationalities)

### HOSPITALS, SPECIALTIES & NUMBER OF POSITIONS OFFERED

	Specialties offered	Posts
Corniche Hospital	Neonatology	2
Tawam Hospital	Neonatology	2
	Oncology	2
Sheikh Khalifa Medical City	Cardiology	2
	Nephrology	2
	Pediatric Gastroenterology	1
	Hematology	2
Al Mafraq Hospital	Internal Medicine- Gastroenterology	2
	Rheumatology	2

## APPLICATION FOR FELLOWSHIP 2019

### FELLOWSHIP APPLICATION PROCESS OVERVIEW

Process	Description	Deadline
<b>DOH Fellowship Application Submission</b>	<p><u>Completed</u> application required</p> <p>All applicants must meet all eligibility criteria to be considered for the Fellowship.</p> <p><b>NO APPLICATIONS WILL BE ACCEPTED AFTER THE DEADLINE.</b></p>	June 23 <sup>rd</sup> 2019 – July 11 <sup>th</sup> 2019
<b>Interview Start</b>	All applicants who have met eligibility criteria will be contacted by the individual hospitals applied for, to schedule interviews.	July 21 <sup>st</sup> 2019 – July 31 <sup>st</sup> 2019
<b>DOH central interview</b>	Applicants might be called for DOH central interview. <b>(UAE nationals ONLY)</b>	Aug 04 <sup>th</sup> 2019 - August 06 <sup>th</sup> 2019
<b>Submission of Fellowship Rank Order List</b>	Applicants and program directors will receive email notification and instructions on how to submit rank order lists. Applicants must submit rank order lists by this date and time. Any rank order lists not received will automatically exclude applicants or programs from the match scheme.	Aug 07 <sup>th</sup> 2019 - August 11 <sup>th</sup> 2019
<b>Final Match Publication</b>	Applicants, program directors and facilities will be informed of final fellowship allocations.	August 15 <sup>th</sup> 2019
<b>License Issuance, Contact and Contract</b>	Completion of DOH licensure and Hospital recruitment/contract procedures.	September - October
<b>Fellowship program start</b>	Start of all Fellowship	September 1 <sup>st</sup> 2019

## APPLICATION FOR FELLOWSHIP 2019

### REQUIRED DOCUMENTS

We highly recommend that you prepare the following documents before starting your application. Please ensure all documents are clear and legible.

1. Recent photo
2. Copy of passport, Iqama/UAE residency visa and Emirates ID card.
3. Copy of Medical School Graduation Certificate
4. Copy of Medical School Transcript (record of marks attained for each year of medical school)
5. Copy of Internship Certificate
6. Copy of Arab Board Certification (or equivalent from Tier 1 and Tier 2, please refer to HPQR 2017)
7. Copy of Evidence of Residency completion (as issued by the residency program/hospital)
8. Curriculum Vitae (CV)
9. Employment certificates
10. Health License(s)
11. Good standing certificate(s)
12. No objection letter from the current employer ( if applicable).

\*Applicant should be eligible for licensing based on HPRQ 2017 (i.e. no gap of clinical practice)

### INSTRUCTIONS FOR APPLICATION

- 1) The application will be accepted UNTIL **15:00 ABU DHABI TIME ON July 11<sup>th</sup> 2019.** Following that, application will be closed. No applications will be accepted after this time.
- 2) Attach the appropriate document in PDF.
- 3) Non Authenticated documents are accepted. All documents will be verified through dataflow with subsequent licensure processes.
- 4) Review the information you entered for accuracy before submission of application.
- 5) Submit your application.

## APPLICATION FOR FELLOWSHIP 2019

### CONTACT INFORMATION

For inquiries related to the application, please feel free to contact Department of Health via email: [medicaleducation@doh.gov.ae](mailto:medicaleducation@doh.gov.ae) OR call us on: 02/41933476 – 02/4193280

### DISCLOSURE AND AGREEMENT

Though we do not intend to reject an application, we will not process any incomplete applications, applications with missing documents, or ineligible applicants. **It is the responsibility of the applicant to verify his/her application before submission.**

- I declare that I have read and understood the instructions at the beginning of this form.
- I authorize DOH to obtain my official records from any educational institution.
- I understand that it is my primary responsibility to ensure that requested records are provided to DOH.
- I authorize DOH to obtain any required examination results
- I authorize DOH to verify any information provided by me, including academic records and employment details.
- I understand that DOH may reject my application or revoke any offer of admission if it finds any information provided in relation to my application to be incomplete, inaccurate or misleading.
- In providing my personal information to DOH, I understand that, other than as authorized, DOH will only use this information for the purposes for which it is being collected in accordance with DOH's functions and activities associated with my allocation.
- I agree to abide by the Department of Health Regulation, Rules and Policies as they apply from time to time. I also understand that it is my responsibility to ensure that I review the rules and policies of DOH during my training, as they are subject to change.

☐ I Agree

## APPLICATION FOR FELLOWSHIP 2019

### DEMOGRAPHIC INFORMATION

*First Name (as per your passport)	
Middle Name	
*Last Name	
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Nationality	
* Date of Birth (as per your passport)	
* Personal photo ( attach to the email)	
*Street Address	
*City	
*Country	
*Your Email (please note this will be used as the primary form of communication regarding your application)	
* Retype your Email	
* Mobile (1)	
Mobile (2)	
* Have you completed your residency in Abu Dhabi?	
* Please specify which program you graduated from?	
* Passport Number	
* Passport Expiry Date	

## APPLICATION FOR FELLOWSHIP 2019

* Attach copy of your passport	
*National ID Number	
* UAE Residency Visa (Iqama) Number (if applicable)	
* UAE Residency Visa (Iqama) Expiry Date (if applicable)	
* Attach Copy of Valid UAE Residency Visa (Iqama) (if applicable)	
* Attach Front and Back Copy of Emirates ID card (if applicable)	
*Are you currently employed or sponsored?	
* If Yes, current employer/sponsor name:	
Medical License Number and Licensing Authority Name (if applicable)	

## POST GRADUATE EDUCATION

*Name of Medical School	
* Degree	
* City of Graduation	
* Country of Graduation	
* Date of Enrollment (MM/YY)	
* Date of Graduation(MM/YY)	
* Attach copy of your medical school graduation certificate	
* Attach copy of your official medical school transcript (record of grades for each year of medical school)	

## INTERNSHIP INFORMATION

* Date of Completion MM/YY	
* Attach completion of internship certificate	

## APPLICATION FOR FELLOWSHIP 2019

### RESIDENCY INFORMATION

*Please indicate location (city and country) and hospital of Internal Medicine residency program	
* Residency start date (MM/YY)	
* Residency completion date (MM/YY)	
* Attach evidence of residency completion issued from your Medicine residency hospital/program	
* Attach Arab Board certification (or equivalent from Tier 1 and Tier 2, please refer to HPQR 2017)	

### SPECIALTY AND HOSPITAL CHOICES FOR INTERVIEW

To be matched into a program, you must interview at the facility offering program.

All interviews for the Fellowship Programs will be conducted at the training Facilities as per the below, please select your preferred programs that you are interested in:

Hospital	Specialties offered	Applicant selection
Corniche Hospital	Neonatology	
Tawam Hospital	Neonatology	
	Oncology	
Sheikh Khalifa Medical City	Cardiology	
	Nephrology	
	Pediatric Gastroenterology	
	Hematology	
Al Mafrq Hospital	Internal Medicine- Gastroenterology	
	Rheumatology	

## APPLICATION FOR FELLOWSHIP 2019

### EMPLOYMENT HISTORY

*Have you been employed since completion of residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:	
* Employer	
* Title	
*Dates of employment (MM/YY)	
* Attach all employment certificates since completion of residency	
* Attach CV	
* Attach cover letter (max 500 words)	

### DISCLOSURE (1)

- \* Has your license to practice in any authority or other jurisdiction ever been revoked, suspended, or otherwise encumbered, or have you surrendered your license to avoid a disciplinary proceeding?  
☐ YES ☐ NO
- \* Has your participation in any residency program been terminated, suspended, or restricted, or have you resigned, withdrawn or taken a leave in order to avoid termination, suspension, or restriction?  
☐ YES ☐ NO
- \* Have you ever been denied licensure by any authorities or countries or other jurisdiction?  
☐ YES ☐ NO
- \* Have you ever been the subject of any administrative or judicial proceeding?  
☐ YES ☐ NO
- \* Are you currently involved in any proceeding, or has any proceeding been threatened, that relates to your licensure in any country, your participation in a residency program or the quality or ethics of your practice?  
☐ YES ☐ NO



## APPLICATION FOR FELLOWSHIP 2019

### DISCLOSURE (2)

I declare that all information submitted is true and complete.

I understand this is an application process and by no means grants my selection, recruitment or employment into the fellowship program.

☐ I Agree

Applicant name	
Date	
Signature	