

Office of Post Graduate Medical Education

Application for Post Graduate Medical Education

Documents Required

Saint George University of Beirut (SGUB) and Saint George Hospital University Medical Center (SGHUMC) welcome applications for a residency or post-residency fellowship program at SGHUMC.

Applicants are required to submit the following documents:

- ☐ A complete and signed application form
 - ☐ Three recent passport-size photographs مصدقة من المختار
 - ☐ A photocopy of the Identity Card, or Passport, or اخراج القيد
 - ☐ Official transcript of records of the MD degree
 - ☐ A certified copy of the Medical School curriculum with a descriptive writing from the Registrar
 - ☐ IFOM BSE score (for PGY-1 candidates), IFOM CSE score (for fellowship candidates); and/or USMLE Step1 (for PGY-1 candidates), USMLE Step2 (for fellowship candidates)
 - ☐ Recommendation Letters: One recommendation letter by the Dean of the Faculty of Medicine; Two recommendation letters provided by faculty members who had academic contact with the applicant, stamped and sealed.
 - ☐ Evidence of English language proficiency e.g., TOEFL or IELTS (for candidates coming from non-English teaching universities)
 - ☐ A certified copy of the equivalence of the Medical Diploma صورة مصدقة عن معادلة شهادة الطب العام (For final year medical students, this document can be submitted by July 15, 2023)
 - ☐ A certified copy of the MOPH license to practice (For final year medical students, this document can be submitted by July 15, 2023)
 - ☐ A non-refundable application fee of 50\$
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- The file should be printed in hard copy and delivered to the Student Affairs Office of Admissions at SGUB together with the aforementioned documents before April 30, 2023;
 - For inquiries, please contact the PGME Office on pgme@sgub.edu.lb
 - Incomplete or incorrect applications cannot be considered;
 - All documents submitted to complete the application for admission are the property of the University and may not be reclaimed by the applicant;
 - Once all required documents are submitted, the PGME Office will advise you on the date and location of the interview;
 - Your application is valid only for the academic year and the residency program to which they are being made;
 - All applications are considered by the University without discrimination against race, religion nationality, creed, sex or physical handicaps;
 - The academic year starts in July.

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Post Graduate Medical Education Programs

Residency Programs

- Anatomical Pathology
- Anesthesiology
- Dermatology
- Medical Imaging
- Family Medicine
- Internal Medicine
- Laboratory Medicine
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otorhinolaryngology Head and Neck Surgery
- Pediatrics
- Psychiatry
- Surgery:
 - Cardiothoracic Surgery
 - General Surgery
 - Neurosurgery
 - Pediatric Surgery
 - Plastic and reconstructive surgery
 - Urology
 - Vascular Surgery

Fellowship Programs*

- Cardiology
- Endocrinology
- Gastroenterology
- Hematology and Medical Oncology
- Infectious Diseases
- Nephrology
- Pulmonary Diseases & Intensive Care Medicine

* Applicants for the fellowship program should have completed three years of Internal Medicine

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For official use (Do not write in this box)

Attach a recent
colored
passport-size
photo

Application Number: _____

☐ Accepted ☐ Not Accepted

Date application received by PGME Office: _____

FILL IN USING BLOCK LETTERS

Personal Information (as in official documents)

First Name

Father's Name

Last Name

Mother's maiden name
in full

Gender

☐ Male

☐ Female

Marital status

☐ Single

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

Maiden name
for Married Women

Nationality

☐ Lebanese

☐ Non Lebanese, Specify:

(If non Lebanese, please provide proof of valid residency permit in Lebanon)

Birth Date
(day/month/year)

Place of birth

Home Address

Office of Post Graduate Medical Education

Mobile

Phone

Fax

Email

Please describe below if there is any case of physical disability or health condition

Academic Information

Secondary Education:

School Name	From: Month/Year	To: Month/Year	Degree	Year Graduated	City/ Country

Premedical Education:

Name of the institution	From: Month/Year	To: Month/Year	Degree/ Major	Year Graduated	City/Country

Medical Education:

Name of the institution	From: Month/Year	To: Month/Year	Degree/ Major	Year Graduated	City/Country

If you have not yet graduated please state expected degree and expected graduation date:

Expected Degree

Expected Graduation
Date

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List the electives/ internships you have completed during/ after medical school:

Elective	University/ Hospital	Duration	Date

Post Graduate Training (for fellowship applicants):

	Specialty	Institution	Program Director	From: Month/Year	To: Month/Year	City/ Country
PGY I						
PGY II						
PGY III						
PGY IV						
PGY V						
PGY VI						

List any honors or awards you have received in medical school or other postgraduate programs:

Name of Award	Place and Date

List the medical research projects (if any) in which you have participated in:

Project Title	Advisor's name	Position

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Provide copies of the following certifications:

❖ MCAT: ☐ Yes ☐ No Grade: Date:

❖ IFOM: IFOM Username IFOM password

IFOME BSE score: (for PGY-1 candidates)

IFOME CSE score: (for fellowship candidates)

❖ And/or USMLE ID:

Step 1 score: (for PGY-1 candidates)

Date:

Step 2 score: (for fellowship candidates)

Date:

❖ And/or CSA Score CSA: Date:

❖ BLS certification ☐ Yes ☐ No Expiry date:

❖ ACLS certification ☐ Yes ☐ No Expiry date:

Other certificates:

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Publications:

Attach your publications on a separate blank sheet, include the following:

- Peer Reviewed Journal Articles/ Abstracts/ Book Chapter
- Non-Peer Reviewed Journal Articles/ Abstracts/ Book Chapter
- Oral Presentation; Poster Presentation

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Language fluency:

	Basic	Fair	Good	Advanced	Not applicable
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

- Has your medical license ever been suspended/revoked/terminated?
☐ Yes ☐ No Date:
- Have you ever been involved in a malpractice case?
☐ Yes ☐ No Date:
- Have you ever been convicted of a felony/misdemeanor/criminal act?
☐ Yes ☐ No Date:
- Please state any previous or current history of substance abuse:
☐ Yes ☐ No Explain:
- Was your medical education/training ever interrupted or extended?
☐ Yes ☐ No Date:
Reason:

Additional information may be provided on a separate blank sheet.

Final Statement

I certify that the information provided in the above application is complete and accurate to the best of my knowledge.

I understand that any false or missing information may disqualify me from consideration for a position; or if employed, may constitute cause for termination from the program. In case my application is accepted, I understand and agree to abide by the rules and regulations of SGUB and SGHUMC.

Signature

Date:

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Residency/ Fellowship program selection by priority

Full Name: _____

Application Number: _____

Programs* to which you are applying by priority *(Please refer to the list of programs on page 2):*

Residency:	1.
	2.
Fellowship:	1.
	2.

In considering your application for admission to the SGUB and SGHUMC, we would like to know more about your personal interest, hobbies, why you decided to study medicine, and why you have chosen SGUB and SGHUMC.

Please write in the space below in no more than 250 words. Write in your own handwriting using ink.

[illegible]