

This is only a template to create your own CV accordingly

Photo
6X6
White Back

HAMAD MEDICAL CORPORATION
Department of Medical Education

(Please type this form) **CURRICULUM VITAE (C.V)**
SUITABLE FOR ALL APPLICANTS (Interns, Residents and Fellows).

3 COPIES REQUIRED
PERSONAL INFORMATION

Name: _____ Nationality: _____

Date of Birth: DD _____ MM _____ YY _____

Gender: Male Female Civil Status: Married Single

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

Mail Address: _____

Passport No: _____ Expiry Date: DD _____ MM _____ YY _____

CONTACTS IN QATAR (if any)

Name: _____ Relationship: _____

Telephone: _____ Mobile: _____ Fax: _____

USMLE Step 1:

3-Digit Score: _____ 2-Digit Score _____ Date: _____

USMLE Step 2 Clinical Knowledge (C.K):

3-Digit Score: _____ 2-Digit Score _____ Date: _____

IFOM (CSE): _____ **Date:** _____

IFOM (BSE): _____ **Date:** _____

Grade Release Consent(Please tick as appropriate):

- I consent to the NBME to release my IFOM CSE score report to HMC Medical Education.
- I do not consent to the NBME to release my IFOM CSE score report to HMC Medical Education.

1. ACADEMIC DEGREE (University Degree)

Under Graduate Degree: _____ University _____ Country _____ DD-MM-YY _____

Post Graduate Degree: _____

2. INTERNSHIP

Hospital Name

Country

From: DD-MM-YY To DD-MM-YY

3. POST- GRADUATE RESIDENCY TRAINING PROGRAM OR WORK HISTORY

From –To (DD- MM –YY)

Hospital Name

Country

Describe
(Program or work)**Professional Certificate (Fellowship or Board)**

Name:

Country:

Awarded: DD - MM-YY

4. ENGLISH PROFICIENCY TESTS**TOEFL**

IBT Score: _____ Date: _____ CBT Score: _____ Date: _____ PBT Score: _____ Date _____

IELTS

Score: _____ DD- MM-YY: _____

	ARABIC	OTHER LANGUAGE:
Spoken	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average
Written	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average	<input type="checkbox"/> Fluent <input type="checkbox"/> Average <input type="checkbox"/> Below Average

Signature (or name representative):

Date :

Approved : Not Approved :

Reviewed by :

Signature :

Date:

Director of Medical Education:

Signature:

Date:

Please : *Read FAQ , IFOM exam and MMI before calling the Department .***Forms should be delivered by Hand or Post (emails and faxes not acceptable) .****HMC website : www.hmc.org.qa/cme/****HMC , Department of Medical Education , P.O.Box 3050 Doha –Qatar , Arabian Gulf .****Tel: (+ 974 44391743)1742/1757/1733**