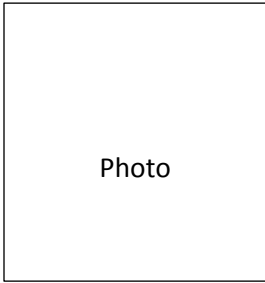




مستشفى الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre
Gen. Org. مؤسسة عامة



Academic & Training Affairs
UNDERGRADUATE MEDICAL EDUCATION COORDINATOR OFFICE
KFSH&RC Coordinator Office
Medical Student – Clinical Research Program Application

The following should be attached with the application:

- ✓ Copy of National card # /Iqama#
- ✓ (1) photos
- ✓ Confidentiality/ Acknowledge Statement
- ✓ C.V
- ✓ Academic Transcript
- ✓ (1) Recommendation letter
- ✓ Health Care Screening List (if not available in hospital' student's record).

Name: _____ ID# _____

Marital Status: _____ Gender: _____

Date of birth: _____ Place of birth: _____

Mailing Address: _____

Home Phone#: _____ Fax #: _____

Mobile Phone#: _____

Email address: _____

Degree(s): _____ Level: _____

Institutional Affiliation: _____

Please check those categories below which apply to your **current position**:

Academic: Short time Full time

Research: Summer Full Academic Year

Please provide the following information:

EDUCATION - After High School (include all academic and professional education)

| Institution, Department & Location (Begin with most recent) | Degree(s) Received | | Major Field | Minor Field |
|---|--------------------|----------|-------------|-------------|
| | Degree | Mo. & Yr | | |
| | | | | |
| | | | | |
| | | | | |

Experience- Have you done research since your short-term training? Yes No, If yes:

| Course/Research Title | Date of Attendance | Institute |
|-----------------------|--------------------|-----------|
| | | |
| | | |
| | | |

Are you currently doing research? Yes No, If yes:

Clinical Basic Department _____ Section: _____

Do you plan to do research in the future? Yes No

APPLYING FOR A RESEARCH:

Title of Proposed Research: _____

Name of Research Faculty Mentor: _____

Department: _____ Phone: _____ Pager: _____

Time allocated of the research project: _____

Requested starting date: _____ Student Duration: _____

Signature of Student: _____

Note:

- Please submit the completed application package to the KFSH&RC coordinator Office.

RESEARCH SUPERVISOR USE ONLY:

The above mentioned student is recommended to participate in the above stated research proposal according to the above stated duration **ONLY**¹:

Yes No, reason: _____

Name: _____ Signature: _____

Note:

- Job description should be attached.
- Evaluation Form will be sent after approval of the application.
- Probation period for student is one week only, if mentor doesn't wish student to continue, an evaluation should be send with full clarification regarding rejecting the student.

RESEARCH APPLICATION APPROVAL:

Approved by: _____

Deputy Executive Director, ATA

¹ If Research Consultant recommends the student for extension, a research period extension form should be signed and sent to the office. (To be kept in the student record).