



# Syrian American Medical Society

## SAMS OBSERVERSHIP APPLICATION FORM

The application must include				
1. <b>This SAMS Observership Application Form</b>				
2. Your current <b>Curriculum Vitae (CV)</b> including a <b>recent photograph</b>				
3. A <b>short essay</b> (please state your main aims and special interests for the observership).				
4. A <b>support letter</b> , signed by a senior faculty member practicing in the U.S. (it can be a resident physician who knows you)				
5. A copy of your <b>M.D.</b> and <b>ECFMG certificate</b> (if available)				
6. A copy of a <b>valid U.S. visa</b>				
7. A copy of your medical school <b>transcript</b>				
8. A copy of your <b>USMLE scores</b>				
<b>Date of Application:</b>				
<b>Are you SAMS member?</b>				
Personal Data				
<b>Name:</b> (First Name / Last Name)				
<b>Gender:</b> (please circle)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>Date &amp; Place of Birth:</b> (/month/ day/ year)	
<b>Home Address (contact address):</b>				
<b>Zip Code:</b>		<b>City:</b>		<b>Country:</b>
<b>Phone:</b>		<b>VISA status:</b>		
<b>E-mail:</b>				
Professional Data				
<b>Current Position:</b>				
<b>Employed at:</b>				
<b>Post-graduate experience:</b>				
<b>Medical School:</b>		<b>Graduation Year:</b>		
<b>USMLE Passed (at least one required)</b>				
<b>Memberships:</b>				
U.S. Experience				
<b>Electives in U.S. before</b> (where, how many months):				
<b>Research in U.S. before</b> (where, how many months):				
<b>Desired fields for the Observership:</b> (please give at least 3 options after having a look at the SAMS observership positions available)				
<b>When do you want to start observership?</b>				
Language Skills (please circle)				
<b>English language skills:</b>		FLUENT <input type="checkbox"/>	GOOD <input type="checkbox"/>	POOR <input type="checkbox"/>
<b>Other language skills:</b>		FRENCH <input type="checkbox"/>	SPANISH <input type="checkbox"/>	GERMAN <input type="checkbox"/>
<b>Notes regarding the Observership</b>				



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## Other information (Circle Yes or No):

- Have you ever been convicted of a felony? | No | Yes
- If yes, has the felony conviction been expunged? | No | Yes
- Have you ever been sanctioned, excluded, or debarred by the federal government from participation in healthcare programs? No | Yes
- Have you ever been convicted of a misdemeanor that involved drugs, alcohol related offenses, or crimes of moral turpitude? No | Yes
- If yes, has the misdemeanor conviction been expunged? | No | Yes

If you have answered yes to any of the above questions, please explain

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I hereby certify that the information I submit in this application is complete and correct to the best of my knowledge and belief  
(Must be signed to process application).

\_\_\_\_\_  
Name:

Signature:

Date:

**NOTE:** Only complete applications (including all above mentioned materials) can be processed. Incomplete application is not will not be CONSIDERED.

All these forms to be sent in PDF or Word format to [observership@SAMS-net.org](mailto:observership@SAMS-net.org)