





Rejoining Application Form

Photo (passport size with white background)

1.	Personal Information:
]	Full Name (En):
]	Full Name (AR):
]	Date of Birth: Age:
I	Nationality Passport No
I	National ID Card No ID Card Expiry Date:
]	Permanent Address: Country,
]	E-Mail: Marital Status:
I	Mobile No Staff No. (Optional):
I	Name of Next of Kin (NOK): Contact No. of NOK:
	Academic Education: Current Employment: Employed (Working) Paid Leave Unpaid Leave Sick Leave Others, please specify Institution: Current Position: Dept.:
2.	Date of joining the residency at OMSB: Date of Withdrawal:
3.	Program at time of Withdrawal:
4.	Level of Training at time of withdrawal:
5.	Program Applying for at Rejoining:

Page 1 of 2 OMSB-ARS-FRM-013

Oman Medical Specialty Board



لمجلس العمانى للاختصاصات الطبيت

MRCP □ FRCS □ MCCEE □ USMLE □ Others, please specify	
7. Postgraduate Training Experience – proof of documen	itation:
III. Employer:	
Ministry of Health (MOH), Governorate	
winistry of freath (WO11), Governorate	
University Medical City	········
University Medical City Medical City for Military and Security Services	
University Medical City Medical City for Military and Security Services Diwan of Royal Court	
University Medical City Medical City for Military and Security Services	
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify:	
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify: Name of Authorized Person:	
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify:	
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify: Name of Authorized Person:	
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify: Name of Authorized Person:	Date: Corm is true, complete and correct to the best resentation or material omission made on the
University Medical City Medical City for Military and Security Services Diwan of Royal Court Others, please specify: Name of Authorized Person: Authorized Sponsor Signature & Stamp: I declare that all information provided in this application for my knowledge and belief. I understand that any misrepress.	Date: Corm is true, complete and correct to the best resentation or material omission made on the nee liable to termination of training.

List of required documents:

- Curriculum Vitae (OMSB Format)
- Previous clinical experience assessment reports during withdrawal period (outside OMSB)
- Personal statement reasons for withdrawal and rejoining and selection of program
- Valid BLS & ACLS Certifications
- Applicant Health Assessment (AHA) form together with valid lab tests and immunization reports
- Photocopy of any results of entry exams, international exams or other postgraduate exams (if applicable)
- One (1) passport size photograph with white background

Page 2 of 2 OMSB-ARS-FRM-013