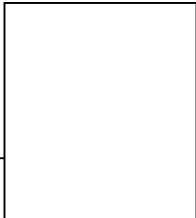


Doctor's Application

Division of Dermatology, Department of Medicine Faculty of Medicine, Ramathibodi Hospital

Academic Year 2020



Course: Masters of Science (International Program) in Dermatology

First Name Last Name (Maiden Name

Gender Age..... Date of Birth Nationality.....

Marital Status [] Single [] Married Number of children and their ages.....

Addresses: Home.....

Work.....

Home Phone Work Phone..... Cell Phone..... E-Mail

Emergency Contact Tel.....

Medical School GPA Year of MD Graduation..... Medical License Number

Medical School Country.....

List of letters of recommendation written by supervisors or attending doctors (The letters must be sent directly the Dermatology Division.)

1. Name Position

Address

Tel Email.....

2. Name Position

Address

Tel Email.....

3. Name Position

Address

Tel Email.....

Signature.....

(.....)

Date

Criteria

- 1. Candidate must have graduated medical school with a GPA of or above 3.00
2. Candidate must not have other medical obligations to fulfill and must have completed one year of internship or general practitioner.

Required documentation

- 1. Candidate's photos (1 inch, 2 copies) 2. A copy of medical license
3. A copy of medical diploma 4. A copy of medical school transcript
5. Internship certificate 6. Three letters of recommendation (add-on as soon as possible)
7. Curriculum vitae (limit to one A4 page) to include: work history, academic achievement history and community work history
8. TOEFL iBT, IELTS (Academic Module), or MU GRAD Plus (MU GRAD TEST + Speaking Section) within the past 2 years of application (add-on as soon as possible)

Note : In the case of incomplete application or missing documentation, we cannot offer an interview.

Interview date: 15 June 2020

How to send the register's application.

- 1. For self-delivery - Dermatology Division's Office at Building 1, 2 Floor, Ramathibodi Hospital.
2. For delivery by post - Please send to Division of Dermatology, Department of Medicine Faculty of Medicine, Ramathibodi Hospital. Address: 270 Rama 6 Road, Phayathai Subdistrict, Ratchathewi District, Bangkok, Thailand 10400.
3. All the document for applying can scan and send via E-mail: skin1465@hotmail.com