

# CLINICAL ATTACHMENT /OBSERVER APPLICATION FORM

- For Medical/Dental Students
- Recent Medical and Dental Graduates
- Please write legibly

Full Name of Applicant:			Nationality:	
Applicant's Qatar ID Number:			<input type="checkbox"/> F <input type="checkbox"/> M	Age:
Applicant's Mobile Number:			Applicant's Email:	
Sponsor's Name:				
Sponsor's Qatar ID Number:			Sponsor's Mob. No.:	
Current Home Address in Qatar:				
Name of Medical School/College:				
Current Educational Level:	<input type="checkbox"/> Medical Student (Level _____)		<input type="checkbox"/> Medical Graduate	
Year of Graduation:			Internship Facility:	

**Important Note:** A Clinical Attachment rotation is a **hands-off observer rotation** wherein the candidate is permitted to do a maximum total period of (8) weeks in one within the academic year. Application is a first-come first-served basis and that the department/s may reject and/or defer a request. Hands-off observer rotations are not admissible for physicians in the private sector or applying for a license directly. Department of Healthcare Professions in the Ministry of Public Health

	Department / Section	Hospital / Facility	Preferred Start Date	End Date
			(DD/ MM/ YYYY)	(DD/ MM/ YYYY)
			<i>Preferred Dates may change depending on availability and capacity. GME/department reserves the right to defer rotations</i>	
You can request for a maximum period of <b>(2) weeks per department/ section. Total allowed period is (6) weeks</b>			Preferred Start Date must be at least (3) weeks after the application submission date	
1				
2				
3				
4				

## APPLICANT'S DECLARATION

I have read and understood the HMC Clinical Attachment policy and guidelines and I will commit myself to follow all the HMC Rules and Regulations including Privacy, Patient Rights, Confidentiality and Patient Safety. I understand that by placing my clinical attachment application, I am fully aware that the application process is by first come first serve basis and that I might be asked to wait for an available slot should my requested date be unavailable.

Name/Signature of Applicant:		Date Signed:	
------------------------------	--	--------------	--

## MEDICAL EDUCATION USE ONLY

Required Documents Submitted to Medical Education have been checked and reviewed for Eligibility into the Clinical Attachment Program

\_\_\_\_\_  
Associate Director, Medical Education

### SPONSOR'S DECLARATION

I \_\_\_\_\_ *Name of Applicant's Sponsor* am writing to attest that I, herein undersigned, being the legal guardian and sponsor of the applicant am responsible for the Transportation, Accommodation, Travel Insurance, Health Insurance and all other expenses that may arise during the approved period of the applicant's Clinical Attachment/ Observer rotation/s at Hamad Medical Corporation. I attest that I am personally responsible and liable for the safety and well-being of the candidate during the course of his/her stay in the State of Qatar.

In agreement and in witness whereof, I affix my name and signature.

\_\_\_\_\_  
**Name and Signature of Sponsor / Date**

### JCI DECLARATION

Hamad Medical Corporation Policy mandates that all the medical students, dental students and interns who will join the clinical attachment and observership programs should adhere to the rules and regulations of HMC that protects the Corporation and Patients' rights in the best interest according to the Joint Commission International recommendations.

As a candidate in this program, I will abide by the following general guidelines:

- 1. Keep Patients' information completely confidential.**
- 2. Make Patients' safety as my priority.**
- 3. Avoid harming patients by keeping my hands always clean using the Hand Wash machines available.**
- 4. Knowing that I have no right, whatsoever, to touch any patients' or corporation medical properties.**
- 5. I will do my best not to disturb the clinical care and I will keep my queries up to the end of the round or the rotation.**
- 6. I will write down my notes and feedback and provide it to my supervisor in the proper time.**

I, \_\_\_\_\_, hereby declare that I fully understand and will adhere to the above mentioned instructions, rules, and regulations.

#### Medical Education Staff

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Candidate Name:** \_\_\_\_\_

Educational Status: Student Graduate

Signature: \_\_\_\_\_

Contact: Mobile \_\_\_\_\_

## **APPLICATION REQUIREMENTS FOR THE CLINICAL ATTACHMENT PROGRAM**

### **DO NOT SUBMIT ORIGINAL DOCUMENTS**

***Only Citizens, Residents / Holders of Valid Qatar National ID Cards, Individuals who may secure Family Visit Visas may be accepted to do Clinical Attachment Rotations***

#### **MEDICAL STUDENTS**

- Copy of Qatar National Identification Card
- Copy of Sponsor's Qatar National Identification Card
- (or) Copy of Family Visit Visa (and Sponsor's Qatar National Identification Card)
- Proof of Enrolment into Medical School
  - Valid Student Identification Badge
  - Transcript of Records
  - Official Enrolment Letter
  - Any Official Letter confirming enrolment
- (1) Photo (any size)
- If it is for an elective rotation, submit a copy of the Official Elective Rotation Request from the College or University
- Copy of COVID-19 Vaccination Certificate\*

#### **MEDICAL GRADUATES**

- Copy of Qatar National Identification Card
- Copy of Sponsor's Qatar National Identification Card
- (or) Copy of Family Visit Visa (and Sponsor's Qatar National Identification Card)
- Copy of Medical Degree Certificate/Diploma
- (1) Photo (any size)
- Copy of COVID-19 Vaccination Certificate\*

#### **\*Approved COVID-19 Vaccines** (as per the Qatar Ministry of Public Health)

- Pfizer/BioNTech (Comirnaty)
- Moderna (Spikevax)
- AstraZeneca (Covishield/ Oxford/ Vaxzevria)
- Jansen/ Johnson & Johnson (1 Dose)
- Sinopharm Vaccine and others (Conditionally approved) requires a copy of PCR Test (within 48 hours)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED; ALL APPLICATIONS MUST BE SUBMITTED VIA EMAIL ONLY**

**SCAN YOUR DOCUMENTS AND SUBMIT TOGETHER WITH THE ACCOMPLISHED APPLICATION FORM TO [clinicalattachment@hamad.qa](mailto:clinicalattachment@hamad.qa)**