

INTERNATIONAL EDUCATION

**INTERNATIONAL VISITING SCHOLAR - Clinical
APPLICATION AND REQUIRED DOCUMENTATION**

Applicant Name: _____
Last/Family First/Given Middle

Address: _____
Street Address and/or P.O. Box, City, Country, and Postal Code

Date of Birth: _____ **City/Country of Birth:** _____ **Nationality:** _____

Gender: Female Male **Permanent/Personal Email Address:** _____

Native Language: _____ **TOEFL score:** _____ **IELTS Test score:** _____

Name of your current employer: _____ **Your current title:** _____

Name of your University/Medical School: _____

Date of Graduation/Expected Graduation: _____

Research/Clinical/Teaching Experience after Graduation:

Passed USMLE Step 1? Yes No - Score _____ (if applicable) **Step 2 - CK - Score** _____

Preferred Start Date of Training at UAB: _____ **End Date:** _____

Preferred Outcomes of Training: _____

APPLICANT PASSPORT/VISA AND EMERGENCY CONTACT INFORMATION

Please attach a copy of the biographical, picture/information of your passport with this application.

Are you currently in the US? ___ Yes ___ No

If yes, what is your current immigration status (e.g. B, ESTA, J etc...) _____

Name of Emergency Contact in your Home Country: _____
Last/Family First/Given Middle

Relationship to you: _____ **Email Address:** _____

INTERNATIONAL EDUCATION

If you have already been invited to UAB by a UAB Faculty Host, please supply the following:

UAB Faculty Sponsor / Host Name and Title: _____

The International Visiting Scholar must comply with all US immigration laws and UAB International researcher, physician, educator, graduate, scholar or visitor policies and guidelines, as prescribed by UAB Enterprise Code of Conduct and International Student and Scholar Services.

<https://www.uab.edu/policies/content/Pages/UAB-AD-POL-0000691.aspx>
<https://www.uab.edu/global/employees-scholars/international-exchange-visitors>

REQUIRED DOCUMENTATION CHECKLIST

**Please attach the following documentation with your application. Incomplete application could delay processing.*

Demographic Information

From Applicant

Copy of Biographical page of passport)

Visa copy, if applicable

TOEFL Scoring Sheet, IELTS Test Report Form or Certificate or Skype assessment by UAB

Educational Background

- Recent Curriculum Vitae (CV)*
- Personal Statement*
- Graduate or Medical School Diploma or Certificate of highest degree achieved - (English translation)*
- Offer Letter from your UAB sponsor describing your training, duration, responsibility/expectations and location of training (if already invited by a UAB Faculty Host)*
USMLE Step 1, Step 2 CK

Please note that application processing will not begin until the application fee has been received.

For more information and application submission, please contact: internationaled@uab.edu

Name: _____ **Signature:** _____ **Date:** _____

Printed Name of International Visiting Scholar

INTERNAL USE ONLY - REQUIRED APPROVALS:

Name of Host Faculty: _____ Signature: _____ Date: _____

Name of Division Director: _____ Signature: _____ Date: _____

Name of Residency Director: _____ Signature: _____ Date: _____

Name of Department Chair: _____ Signature: _____ Date: _____

International Education

Date: