

AMERICAN MEDICAL ACADEMY INC.

**AMA POLAND Z.O.O. - MEDICAL CAMPUS**

Initial Application for Clinical Training & Medical License



**Name: Date of Birth:**



Last First Middle dd/mm/year

**Sex:** Male Female **Marital Status:** Single Married

**Citizenship: Place of Birth:**

City/Country

**Passport#: Date Issued: Place Issued:**

**Home Address:**



Street Box/Apt.# City Country Zip Code

**( ) ( )**



Telephone Number Mobile Number Email Address

| **Mailing Address (if different):** |  | | |
| --- | --- | --- | --- |
| Street Box/Apt.# City  **( )** |  | Country | Zip Code |
| Telephone Number | Email Address |  |  |
| **Emergency Contact Information:** |  |  |  |
| **Name:** |  |  |  |
| Last | First |  | Middle |

**Relationship to applicant:**

| **Address:** |  |  |  |
| --- | --- | --- | --- |
| Street Box/Apt. #  **( )** | City  **@** | Country | Zip Code |
| Telephone Number | Email Address |  |  |

**Educational Background:** (if additional room is needed, please attach a separate sheet)

*You must attach an official copy of transcripts from all schools attended as well as your school leaving diploma or certificate*

# Please list all secondary schools you have attended:

| Name of Institution | Years Attended | Date of Graduation | Diploma Number | Date Diploma Issued | Type of  Degree/Diploma Received |
| --- | --- | --- | --- | --- | --- |
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**Please list all colleges and/or universities you have attended:**

| Name of Institution | Years Attended | Degree/Diploma Received |
| --- | --- | --- |
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|  |  |  |

# Please list all languages you speak and your level of knowledge:

| Language | Degree of Knowledge (Beginner, Intermediate, Advanced) |
| --- | --- |
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**General Information**

All applicants are required to provide a short CV, a copy of their passport, and a copy of his/her academic transcripts for admission consideration.

I certify that I have completed this application myself and without assistance; the information given in this application is complete and accurate.

I understand that the American Medical Academy Inc., and AMA Poland z.o.o. reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the completion of the program.



Signature of Applicant Date