



Jordan University of Science and Technology

Faculty of Applied Medical Sciences



Applied Medical Sciences Internship Program (AMSIP)

APPLICATION FORM

Please complete and submit the application form at least 2 weeks before the intended start date.

The completed application form should be submitted to the Program Director Dr. Zeid Al-Hourani. If you have any enquiry please contact the Program Director at zahorani@just.edu.jo

1. PERSONAL DETAILS

- 1.1. Title (Mr/Mrs/Miss/Ms/Other): _____
- 1.2. Full Name: _____
- 1.3. Date of Birth: _____
- 1.4. Gender: _____
- 1.5. Nationality: _____
- 1.6. Mobile Number: _____
- 1.7. E-mail Address: _____

2. ACADEMIC DETAILS

Degree (BSc/Diploma)	Speciality	Awarding Institute	GPA/Score

3. TRAINING DETAILS:

3.1. Which AMSIP discipline would you like to apply for? (select one)

- Medical laboratory sciences Optometry Occupational therapy
- Radiologic technology Audiology and speech pathology Dental laboratory technology
- Paramedics Physical therapy Dental hygiene and dental assisting

3.2. Type of Training: General Training (All techniques) Focused Training (Technique/s of your choice)



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3.3. If you selected Focussed Training in Question 3.2, please clarify which techniques would you like your training to focus on.

3.4. Training Period: 3 months 6 months 9 months 12 months

4. VERIFICATION OF INFORMATION

I certify that all information which I have provided is true to the best of my knowledge.

Signature:

Date:

5. DOCUMENTATION

- Photograph x 2
- Copy of your ID or Passport information page
- Copy of your certificate/s
- Legal judgments-free certificate (Jordanians)
- Health certificate