



# American Medical Academy

## Application Form

**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

**Please list all colleges and/or universities you have attended:**

Name of Institution	Years Attended	Degree/Diploma Received

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

Language	Degree of Knowledge (Beginner, Intermediate, Advanced)

**General Information**

**All applicants are required to provide a current CV and copy of your passport.**

**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., 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.**

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Signature of Applicant

Date