Mail to
Baptist Health International Center of Miami
8940 North Kendall Drive, Suite 601-E, Miami, Florida 33176
Phone: 786-596-2691 Fax: 786-596-3648

INTERNATIONAL PHYSICIAN OBSERVERSHIP APPLICATION FORM

Please Print or Type

APPLICATION FOR: _____Dates: _____ _____
Specialty/Department From To

Main Interest

Have you been an observer at Baptist Health South Florida before? ( ) Yes ( ) No

_____
Last Name First Name Middle Name

_____
Present Mailing Address (Street, City, State, Country, Postal Code)

_____
Permanent Mailing Address (Street, City, State, Country, Postal Code)

_____
Area Code/Home Phone Number Area Code/Work Phone Number Area Code/Fax Number e-mail address

EDUCATION - Name and Location of School - Dates of Attendance and Degree Obtained

PLEASE SUBMIT A COPY OF YOUR DIPLOMAS (UNIVERSITY AND SPECIALTY), RESUME, and REFERENCE LETTER.

Residency (Specialty & Graduate Level, Hospital, Location, Date of Completion)

_____

_____
LIST OTHER ADVANCED APPOINTMENTS INCLUDING CURRENT ONE (HOSPITAL, LOCATION, AND DATE):

_____

_____

This application and documents must be sent at least 3 months in advance of date requested.

I certify that the information given on this form is true, accurate and complete.

_____ Date _____
Signature of Applicant

FOR BAPTIST HEALTH INTERNATIONAL CENTER OF MIAMI USE ONLY:

Approved by: Antonio Briceño, M.D., MPH, MPC's

_____
International Medical Education Medical Director