



2017 International Pediatric Emergency Medicine Elective

APPLICATION FORM

(All fields are mandatory)

Name (**exactly as it appears on your passport**):

Last Name: _____
Given Name(s) _____

Date of Birth: (MM/DD/YYYY) _____

Gender: _____ Citizenship: _____ Passport Issued By: _____
(Country)

Postal Address: _____

Phone Numbers: Mobile: _____ (Country Code) (Area Code)
Home: _____ (Country Code) (Area Code)
Emergency Contact No.: _____ (Country Code) (Area Code)

UNIVERSITY REGISTERED STUDENT ID number: _____

Emails: Personal: _____
School: _____

Email of University Official verifying your application
(**school email ONLY, not personal email**): examples: University Dean, Assistant Dean, Registrar
_____; _____; _____

University/Institution: _____

Expected date of Graduation (MONTH AND YEAR – MM/YY): _____

How do you identify yourself (please check all that applies)

Canadian Jordanian Palestinian Israeli Other (please specify) _____

Questions:

1. Describe a recent occasion during which you took a leadership role. In your answer, consider including what you learned from that experience. (Maximum 1,800 characters)

2. Detail your learning expectations and goals for IPEME. (Maximum 1,800 characters)

3. Briefly describe any obstacle you think you may face in achieving those goals mentioned in Question 2 and how you might consider overcoming them. (Maximum 900 characters)