



The **Israeli Medical Association (IMA) World Fellowship** 's Physicians' Exchange Program was created in order to enable post-graduate physicians abroad to experience Israeli medicine for a few weeks/months. This elective program offers prospective participants the opportunity to combine the pleasure of a visit to Israel with a rewarding professional experience. The **IMA World Fellowship** assists the participant in obtaining a limited and temporary license to practice medicine under supervision in a recognized institution. Approval is generally granted for a minimum period of one month and a maximum of one year will be considered. Applications for the elective program should be sent to the **IMA World Fellowship** office, three months prior to the date of commencement.

Participation in the program is voluntary and not remunerative. Instructions are in Hebrew and English (other languages possible upon request). Requirements of attendance and performance will be established by the head of the medical service who invited the participants. The attendants will be instructed by qualified Israeli registered physicians, and will be working under their direct supervision. The participant may pursue his/her studies, and work within the accepted bounds of the medical discipline/department for which the approval was granted. In some hospitals, board and lodging are available free of charge or for a minimal fee. All professional equipment will be provided, except for a stethoscope. More detailed information can be obtained by contacting our office. (Details provided on the application form).

The Following Documents must be presented in **two** copies to the Israeli Medical Association as well as the application form:

- **Copy of diploma**
- **Up to date copy of license/registration to practice medicine in the country where the physician currently resides**
- **Copy of board certification in the country where the physician currently resides**
- **Letter of Good Standing**
- **Copy of passport**
- **2 passport photos**

**The diploma, license and Board certification must be translated to Hebrew by an official notary. All the documentation must be presented in two hardcopy forms (no e-mails).**

**Application Form for the Elective Program**

The application form is to be completed in two typed copies and both copies, plus all relevant documents, should be sent to:

Ms. Tziona Greenberg  
Foreign Affairs Officer  
Israeli Medical Association  
2 Twin Towers  
35 Jabotinsky St.  
P.O. Box 3566  
Ramat Gan 52136, Israel

Tel: 972 3 6100448 Fax: 972 3 6100477 Email: [legal@ima.org.il](mailto:legal@ima.org.il)

**Please Fill in or Type in Block Letters:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: Female [ ] / Male [ ] Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

From which University/Medical School did you graduate: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Medical Licensing: \_\_\_\_\_

Current Status as Postgraduate: Employed [ ] Unemployed [ ]

Presently working at (Name of Hospital, Dept., City): \_\_\_\_\_

Specialization(s) in (Field of Medicine): \_\_\_\_\_

**Please List Three Choices in Order of Preference**

Hospitals: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Departments: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Preferred Period (day/month/year): From \_\_\_\_\_ To: \_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_