The Israeli Medical Association’s (IMA) World Fellowship’s Physician’s 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

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
____________________________________                                        ____________________