**King Abdulaziz University**

**Faculty of Medicine**

|  |
| --- |
| **APPLICATION FOR THE TRAINING PROGRAM** |

**Name of the Program:**

**Personal Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prof. |  | Dr. |  | Mr. |  | Ms. |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Second Name** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Saudi Council Reg. No.** |  |

|  |  |
| --- | --- |
| **Institution** |  |

|  |  |
| --- | --- |
| **Department** |  |

|  |  |
| --- | --- |
| **Specialty** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone No.** |  | **Pager No.** |  |

|  |  |
| --- | --- |
| **Mobile No.** |  |

|  |  |
| --- | --- |
| **E-mail Add:** |  |

**Send Registration Form to:**

Clinical Skills Center -4th floor

Website: <http://csc.kau.edu.sa>

Facebook: <http://www.facebook.com/clinicalskills.kau>

Twitter: <https://twitter.com/KauCsc>

Tel. No.: 640 1000 Fax: 140611

Ext. 14611, 14604

E-mail: [csc.kau.edu@gmail.com](mailto:csc.kau.edu@gmail.com)