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| MNGHA | **Ministry of National Guard- Health Affairs****King Saud Bin Abdulaziz University for Health Sciences****Postgraduate Medical Education**  | Ksau-hslogo |

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| **INFORMATION FORM** **ROTATING RESIDENT/ FELLOW**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility:**  |  | **Central Region** |  | **Western Region** |  | **Eastern Region** |  | **Al Madinah Al Monawarah** |

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|  |
| **PERSONAL INFORMATION** |
|  |
|  |  | **RESIDENT** |  |  | **FELLOW** |
| **Name** | **:** |  **,**  |
|  |  | *Last Name* | *First Name* | *Second Name* |  | *Third Name* |
|  |  |  |  |  |  |  |
| **Sex** | **:** |  | **Male** |  | **Female** | **Saudi ID No.:** |  |
|  |  |  |  |  |  |  |
| **Date of Birth** | **:** | **\_\_\_\_/\_\_\_\_/\_\_\_\_\_** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Address in KSA :** |  |
|  |  |
| **Phone No.** | **:** |  | **Fax No.** | **:** |  |
| **Mobile No.** | **:** |  | **Email** | **:** |  |
|  |  |  |  |  |  |
| ***Other Contact Person*** |
| **Name** | **:** |  |
| **Phone No.** | **:** |  | **Fax No.** | **:** |  |
| **Mobile No.** | **:** |  | **Email** | **:** |  |

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|  **PREVIOUS ROTATION INFORMATION** |
| **Institution Name of Last Rotation** | **:** |  |
| **Rotation Site (Specialty)** | **:** |  | **Start Date:** |  | **End Date:** |  |

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| **ROTATION INFORMATION IN MNG-HA** |
| **Rotation Site (Specialty)** | **:** |  |
| **Length of rotation** | **:** |  | **Weeks** |  | **Months** |  | **Years** |

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| **CURRENT INSTITUTION** |
| **Institution** | **:** |  |
| **Department**  | **:** |  |
| **Phone No.** | **:** |  | **Ext. No.** |  | **Email:** |  |

**IMPORTANT: kindly attend the following orientation for new physicians: (Attend just once):**

1. **Pharmacy.**
2. **Medical Records**.

IMPORTANT: After badging, please come back to Postgraduate Medical Education Office or call Postgraduate Medical Education to give them your badge & pager number in order for you to be in the system for patient related issues.