

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
 COLLEGE OF PUBLIC HEALTH  
 801 N.E. 13th Street Room 345, Oklahoma City Oklahoma, U.S.A.

APPLICATION FOR TRAINING PROGRAM IN HEALTHCARE QUALITY

<u>Instructions</u>		
Note: The information requested in this application is confidential and will be used only for Program purposes. 1. Please type or print. 2. Applicants should provide all information requested. 3. Applications should be received no later than two months before course date.		
Name (Ms. Mr. Dr.)		Gender:
first      middle      last		
Birth date:	Country of Birth:	Citizen of:
day/month/year		
Work Address		Home Address
e-Mail:		
Preferred Address for Correspondence (circle any one) Work or Home		
Education: (University degrees, technical training, or certificate programs)		
<u>Employment History (beginning with most current):</u>		
Position/Title	Organization	Dates of Appointment
1)		
Responsibilities:		
2)		
Responsibilities:		

3)	
Responsibilities:	
Financial Support: Will your participation at OUHSC College of Public Health be funded by:	
Self:	Upon admission to the course, I will provide evidence of sufficient funds to cover required course fees and estimated living expenses. (Self-funded participants are financed by funds from personal savings, friends and/or relatives.)
Sponsor:	I will provide a letter of commitment from my sponsor detailing the level of support provided. (Sponsored participants are financed by funds from agencies, organizations or employers.)
Name and address of contract person at sponsoring organization:	
Telephone No./Fax No./Email address for sponsor:	
Tel:	Fax:                      Email:
Accommodations: I will require (check one): <input type="checkbox"/> Assistance to arrange housing for self and spouse/family. <input type="checkbox"/> If yes, number of bedrooms required (1 or 2): _____. <input type="checkbox"/> No assistance with housing. I will make my own arrangements.	
English Language Ability (check one):	
<input type="checkbox"/>	English is my native language.
<input type="checkbox"/>	My previous professional training has been in English.
<input type="checkbox"/>	I have taken the TOEFL and enclosed is a copy of my score.
<input type="checkbox"/>	An English-speaking member of my organization will certify my ability in written and spoken English.
I verify that all statements in this application are true and correct.	
Signature of applicant	Date
Please airmail or fax the completed application and any supporting documents to:  A.F. Al-Assaf, M.D., M.P.H., Professor and Associate Dean for International Health University of Oklahoma Health Sciences Center College of Public Health 801 N.E. 13 <sup>th</sup> Street, Room 359 Oklahoma City, Oklahoma 73104, U.S.A.	Telephone: (405) 271-2114 Fax: (405) 271-1868 Email: <a href="mailto:al-assaf@ouhsc.edu">al-assaf@ouhsc.edu</a> Internet Site: <a href="http://w3.ouhsc.edu/hap">http://w3.ouhsc.edu/hap</a>

*As a matter of policy, The University of Oklahoma does not discriminate in the admission of participants on the basis of race, religion, gender, national origin or handicap. Application by women and members of minority groups is strongly encouraged.*