



American Medical International Quality Training

Clinical Rotations for International Medical Students

2112 F Street NW, Suite 303 Washington, DC 20037

202-728-0099 | amiqtdc@gmail.com

Registration/Application Form

Instructions:

1. Please fill out the application form. Indicate the preferred rotations and dates. Our rotations are 4 weeks in length and can be extend upon request.
2. Please email the completed form along with the required documents to admin@amiqt.com.
3. There is a \$100 non-refundable application fee. This will be applied towards the rotation's tuition. Please pay the fee at www.amiqt.com/application.
4. The application will be reviewed upon receipt of the completed application, required documents, and application fee.
5. After reviewing all the submitted documents, an acceptance letter will be sent out by email.
6. If additional information is needed, you will be notified by email.



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Registration/Application Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Country Postal Code

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Email: _____

Country of Citizenship: _____ Type of Visa: _____ Expiration Date: _____

I-94 #: _____

Education

Medical College: _____

Address: _____
Street Address

City State Country Postal Code

Dates Attended: _____ To: _____ Did you graduate? YES NO Degree Received: _____

Admissions Counselor: _____ Phone: _____ Email: _____

Post graduate training or fellowship? _____

USMLE Step 1 Score: _____ USMLE Step 2 Score: _____ USMLE Step 2 CS: _____

Rotation Information

Preferred Rotations	When? (month & year)	Hands-on or Observership <i>(Hands-on requires malpractice insurance)</i>
1.		
2.		
3.		

Languages

What Languages do you know?	Speaking*	Writing*
1. ENGLISH		
2.		
3.		
4.		

*Levels for speaking and writing: Basic, Intermediate, Fluent, or Native.

Required Documents

AMIQT use only

The following documents must be **submitted along with this application**

- | | |
|---|---|
| 1. Personal Statement / Essay (please indicate why you would like to do this rotation and state your goals in medicine) | 1 |
| 2. CV (Curriculum Vitae)/ Resume | 2 |
| 3. Medical School Transcript | 3 |
| 4. Letter of Good Standing from Medical School or Medical School Diploma | 4 |
| 5. Government Issued Photo ID | 5 |
| 6. Criminal Background Check/Criminal Record or Police Certificate | 6 |
| 7. Application fee | 7 |

The following documents must be **submitted before starting rotations**

- | | |
|--|------|
| 1. Drug Screen | 8 |
| 2. Medical Insurance | 9 |
| 3. Medical Malpractice Insurance (required for Hands-on experience only) | 10 |
| 4. Current Physical Exam | 11 |
| 5. Immunizations records / Antibody Titers | 12 |
| 1. MMR (Measles, Mumps, Rubella) | 12.1 |
| 2. TDaP (<i>Tetanus, Diphtheria, Pertussis</i>) | 12.2 |
| 3. Varicella | 12.3 |
| 4. Hepatitis B | 12.4 |
| 5. Tuberculosis Testing (<i>PPD - or Clear Chest X-ray</i>) | 12.5 |
| 6. Flu Shot (<i>applicable only during flu season</i>) | 12.6 |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in termination of the rotation.

Signature: _____ Date: _____