

MASTER OF MEDICAL EDUCATION

Course Program 2018 / 2019

Start: February 5th, 2018

Application Form (please use CAPITAL LETTERS)

A. Your details

Family Name / Surname

First Name(s)

Title (Prof/MD/PhD)

<input type="text"/>	Date of Birth		Day	Month	Year		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Marital Status	<input type="text"/>
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Citizenship/Nationality

Place of Origin/Birth (as stated in your passport)

Mailing Address

Phone:

Mobile/Cell:

E-Mail:

Homepage:

Address for correspondence during MME studies

Phone:

Mobile/Cell:

E-Mail:

Homepage:

Self-employed

Employed

B. Motivation

Please describe why you think this MME program is appropriate for you.

C. Curriculum vitae

Please enclose a separate list

C.1. Formal and continued education

C.2. Professional activities

C.3. Teaching activities so far

C.4. Graduation documents (diploma / certificates)
(photocopies)

C.5. Letters of reference from previous employers
(photocopies)

C.6. List of publications, projects, etc.

C.7. Recommendation letter
of the Institution

C.8. References
Please list two persons (contact information incl. phone number)

D. Language skills

Courses are mainly given in English. A few modules are conducted in German. Acceptable proficiency in reading, writing and speaking both, English and German, is required.

My mother tongue is

 D

 E

 F

<i>English</i> (if English is not mother tongue) Please underline appropriate level	<i>Read:</i>	Fair	Good	Excellent
	<i>Write:</i>	Fair	Good	Excellent
	<i>Speak:</i>	Fair	Good	Excellent
	<i>Comprehend:</i>	Fair	Good	Excellent
English Proficiency Test taken:				
Date of test:				

I had the opportunity to practice my English skills at the following occasions:

Please indicate also whether you have an acceptable proficiency in German

<i>Deutsch</i> (falls Deutsch nicht Muttersprache) Zutreffendes unterstreichen	<i>Lesen:</i>	zieml. gut	gut	sehr gut
	<i>Schreiben:</i>	zieml. gut	gut	sehr gut
	<i>Sprechen:</i>	zieml. gut	gut	sehr gut
	<i>Verstehen:</i>	zieml. gut	gut	sehr gut
Deutschprüfung bestanden:				
Datum der Prüfung:				

Meine Deutschkenntnisse habe ich bei folgenden Gelegenheiten praktizieren können:

E. Computer access

I have access to and I am familiar with the use of:

<input type="checkbox"/>	e-Mail + www	<input type="checkbox"/>	Medline	<input type="checkbox"/>	pdf	<input type="checkbox"/>	Acrobat	<input type="checkbox"/>	Power Point
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F. Course fees

CHF 30'000.- (approx. Euro 28'150.- / *Currency Rate 2017-02-27*) for the two-year MME program including course fees and documents, thesis coaching, diploma fees and the fees for the enrolment at the University of Bern for two years and the Unicard. The course fees are payable in two instalments of CHF 15'000.- (approx. Euro 14'000.-) each. Invoice and credit management are done by the University of Bern. Additional expenses not included in the course fees are:

- approx. CHF 500.- (approx. Euro 460.-) for special literature
- the individual travelling and accommodation costs, including the course week abroad

I will pay the course fees at my own expense.

I will get financial support from the following institution:

.....
.....

Billing address and contact person:

.....
.....
.....
.....

Extent of financial support (please indicate either the percentage of the total course fees or the definite amount):

% of the total course fees CHF od. EURO

G. Accommodations in Bern

Private (at home / with friends, ...).

I will make my own arrangements.

Please supply a list of affordable accommodations.

H. Withdrawal conditions

If the admission criteria are met, the program director confirms the admission to the MME program in written form. Withdrawal of the candidate after the written admission confirmation can be done under the following conditions:

- withdrawal by the application deadline (November 30, 2017): no financial consequences
- withdrawal after the application deadline: full course fees are due

I. Declaration

1. I agree to be bound by all above-mentioned terms.
2. I have read this application and verify that the statements I have made on this application are correct and complete.
3. I understand and agree that the MME management will not provide any financial support in case my funds should become inadequate during the course program.

Date

Signature of
applicant

I have learnt about the MME program through the following

Please attach your passport-photograph

Application deadline: November 30, 2017

Please send to: Master of Medical Education Program, S. Trachsel, PhD, MME, Buehlstrasse 26, P.O.Box 759, CH-3000 Bern 9, Switzerland