

APPLICATION FOR DESIGNATION AS A MEDICAL EXAMINER

(Please-type or print using block letters; retain a copy for your records)

Personal Details

Last name:		Title:	
First name:	Middle name:	Date of Birth (G):	
Postal Address (for correspondence with GACA):			
Practice location (locations where you will be practicing as an AME within a given district):			
Practice Telephone No: +		Practice Fax No: +	
Mobile Phone No: +	After hours contact details: +		
E-mail:			
Information that you wish to be published on the web site for applicant use:			
Address:			
Opening Hours:		Gender:	
Telephone: +		E-mail:	

Criteria for issuance of medical examiner certificate

Medical Registration:		
Saudi Commission for Health Specialties No:		
Country of practice if not Saudi Arabia (Please state address):		
Medical School:	Degree:	Year:
Internship, Post-Graduate and Specialist Training:		

Experience in Aviation Medicine:

Affiliations(s) with Aviation Medicine Organizations:

Attendance of aviation medical scientific meetings in the last three years (Please mention the date and the country):

Current job description and duties:

Attachments:

1. Copy of basic medical degree certificates.
2. Copy of medical specialty degrees.
3. Copy of Saudi Medical Registration.
4. Copies of Aviation Medical Training Courses.

Contacts:

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