



**2<sup>nd</sup> clinic(if available)**

Street	Area	Bldg.	Floor
Attendance : Days:----- Time: -----			
Clinic Phone Number: _____ Cellular Number: 03 _____			
Code Phone Number Code			
Phone Number			
Fax Number if available: _____			
Code Fax Number			
Availability of parking facilities: Specific for the clinic <input type="checkbox"/> Public in the vicinity <input type="checkbox"/>			
No parking facilities <input type="checkbox"/>			
Do you have a Computer at this Office Yes No			
Do you have a Modem Yes No			
Do you have a printer Yes No			
<b><u>Attach road map of accessibility to the Clinic</u></b>			

**OVERNIGHT & HOLIDAY SERVICES**

Emergency call phone numbers: _____			
Code phone number code phone number			
Home Visit Information:			
Specify zone: -----			
Specify Address for Emergency cases:			
-----			
Street	Area	Bldg.	Floor
<b><u>Attach Road map of accessibility</u></b>			

**ABSENTEEISM**

Expected Days of Vacation or Absenteeism per year: From ---/---/--- to ---/---/---			
From ---/---/--- to ---/---/---			
From ---/---/--- to ---/---/---			
From ---/---/--- to ---/---/---			
From ---/---/--- to ---/---/---			
Availability of replacement: Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please List Name Address and phone Number:			
-----			
First Name Middle Name Last Name			
-----			
Street	Area	Bldg.	Floor
Clinic Phone Number: _____ Cellular Number: 03 _____			
Code Phone Number Code			

**Academic Information**

Medical School Graduated From :		
Residency/Fellowship/Research*	Medical Center	Years

**Additional Credentials**

List all Publications you have*:	
Year	Description

List Continuing Medical Education Credit you have attained:

List all Professional Societies inside and outside Lebanon you are member in \*:

\*: Attach available document

**Hospital of Practice and Admitting Privileges:** *List Hospitals you work at with their required info:*

Hospital	Hospital Name	Status		Clinic access	Clinic Working Hours and Days
		Time*	Admitting*	Yes/No	

\* Part-time, Full-time, Admitting Privileges.

**Available Clinic Equipment**

Equipment Description	Performed Medical Act

**Check ONE MedNet office that is the closest to your reach:**

. Ain Wa Zein	. Najjar Hospital	. St. Georges Ajaltoun
. Al Iman	. Notre Dame de Secours	. Saint Joseph Hospital
. Antelias Regional Office	. Sacré Coeur Hospital	. Sin El Fil Regional Office
. Hotel Dieu de France	. Saida Regional Office	. Tel Chiha Hospital
. Jounieh Regional Office	. Sahel Hospital	. Tripoli Regional Office
. Libanais Hospital	. Saint Charles Hospital	. Wardieh Regional Office
. Makassed General Hospital	. St. Georges Orthodox	

Date: -----

**Dr.'s Signature & Stamp**

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**DOCUMENTS NEEDED WITH EACH DOCTOR'S VISISTS  
APPLICATION FORM**

- 1- Registration in the order of physicians
- 2- Copy of Diplomas
- 3- Photocopy of valid registration card in the Order of Physicians
- 4- Curriculum Vitae
- 5- Filled Information Sheet
- 6- Business Card

Doc-02