



The Braun Hebrew University-Hadassah School of  
**Public Health & Community Medicine**

APPLICATION FOR ADMISSION TO THE INTERNATIONAL MPH COURSE

Application must be accompanied by :

- a) authorized copies of relevant degrees from post-secondary studies.
- b) full academic transcripts regarding university studies.
- c) four color passport-size photos.
- d) medical certificate (form attached).
- e) certificate of proficiency in English (TOEFL or equivalent)
- f) 3 letters of recommendation

**PART A:**

Surname: \_\_\_\_\_  
 (block letters)

PHOTO

First Name: \_\_\_\_\_  
 (block letters)

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Citizenship \_\_\_\_\_ Personal status \_\_\_\_\_ No. of children  
 (S/M/D/W) under 18: \_\_\_\_\_

Passport No: \_\_\_\_\_

**Home** address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work** address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel No: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Fax No: \_\_\_\_\_

email: \_\_\_\_\_

Your full professional title: \_\_\_\_\_

Present place of employment \_\_\_\_\_

EDUCATION: (secondary and post-secondary levels)

<u>Institution</u>	<u>Address</u>	<u>Dates</u>	<u>Degree Obtained</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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WORK EXPERIENCE (latest first)

<u>Employer</u>	<u>Address</u>	<u>Dates</u>	<u>Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DETAILS CONCERNING THE JOB YOU WILL HOLD UPON COMPLETION OF MPH STUDIES:

(To be filled out by official nominating the participant:)

Post: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Date: \_\_\_\_\_

Signature and seal of nominating official: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

HAVE YOU HAD ANY PROFESSIONAL OR PERSONAL CONTACTS WITH ISRAELI SPECIALISTS? IF SO, PLEASE SPECIFY:

\_\_\_\_\_  
\_\_\_\_\_

HOW WILL YOUR TRAINING BE FINANCED?

(a) Self finance: yes (\_\_\_\_) no (X)

(b) By sponsor (specify): Open Society Institute/Soros Foundation

HOBBIES: \_\_\_\_\_



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**LETTERS OF RECOMMENDATION:**

Please supply the names, titles, and addresses of individuals from whom you have requested letters of recommendation. It is preferred that the letters be sent directly to the Coordinator of the International MPH Course; if this is not feasible, the applicant should send the letters together with his/her application package.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CERTIFICATION OF KNOWLEDGE OF ENGLISH:**

Certification of the level of your knowledge of English MUST accompany this application, preferably TOEFL scores.

**PART B:**

Please write a careful autobiography in which you relate specifically to the following points (1-2 pages)

1. Your professional experiences and training prior to the job in which you are presently employed.
2. Your reasons for wanting to undertake studies for the MPH degree.
3. The reasons why you believe you qualify for this program and why you should be accepted.
4. The job you expect to hold on completion of MPH studies.
5. The ways and the settings in which you feel you will be able to implement what you learn in this course in your country in the future.
6. Additional relevant comments.

Return application forms by April 30th, 2003, to the Soros National Foundation/Open Society Institute in your country; it will then be forwarded to Braun SPH for consideration:

Coordinator, International MPH Program, Braun School of Public Health and Community Medicine, P.O.B. 12272, Jerusalem, 91120, Israel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**FORM D - MEDICAL CERTIFICATE**

**INSTRUCTIONS:**

To be completed after a thorough clinical and laboratory examination, including X-ray of chest, by a medical officer of the Ministry of Health of the applicant's country of residence or by a registered Medical Practitioner approved by such Medical Officer. The Government of Israel reserves the right to require the applicant to undergo a further medical examination before or during his/her studies.

**PARTICULARS OF APPLICANT**

Surname	First name(s)	Date of Birth	Sex
<b>CHECK WHERE APPLICABLE</b>		<b>IF YES, GIVE FULL PARTICULARS</b>	
<b>A. Medical History</b>			
(1) Has any member of applicant's family suffered from: Tuberculosis, Mental illness, Asthma, Epilepsy	NO	YES	
(2) Has the examinee suffered from diseases of the following organs: a. Heart (cardiovascular) b. Lung (TB, asthma, tumor) c. Stomach, intestines, liver d. Kidney (nephritis, stones) e. Nervous system (convulsions, stroke, mental illness) f. Glandular system (goitre, diabetes, anemia) g. Skin, muscles, bones, joints	NO	YES	
<b>B. Medical Examination</b>			
(1) Blood Pressure	Systolic	NO	YES Diastolic
(2) Urinalysis: Is sugar present Is albumen present			
(3) Is there evidence of abnormality of a. Heart and cardiovascular system b. Lung (emphysema, makes) c. Abdomen (liver, spleen, hernia) d. Head and neck (vision, hearing, speech, thyroid) e. Skin, lymph nodes, muscles, bones, joints f. Nervous system: has he been hospitalized for mental illness			
(4) Does the examinee suffer from a. Infectious diseases (TB, trachoma, malaria, bilharzia, leprosy) b. STD (sexually transmitted diseases) including AIDS			
(5) Does the examinee require medication or have any dietary restrictions due to health conditions			
<b>C. Conclusion</b>			
(1) Does the examinee suffer from wounds or diseases requiring medical treatment or attention?	NO	YES	
(2) (For women): According to the examination, the applicant shows signs of pregnancy?	NO	YES	
(3) Having considered the applicant's medical history and present mental and physical state, is the person examined fit to travel by air and study abroad?	NO	YES	

Name and address of medical practitioner \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and address of government medical officer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Official stamp of Office \_\_\_\_\_