

**ALLIED TECHNICAL STAFF TRAINING APPLICATION FORM  
FOR INTERNATIONAL CANDIDATES**

*Please fill out form in Adobe Reader (free download available here). When complete, save with a new document Name (e.g., Abdel Haddad Application) before sending. Do not submit with hand-written responses*

- Date of Application (mm/dd/yyyy):
- Name: (First)  
(Middle)  
(Last)
- Birth:
  - Date (mm/dd/yyyy)
  - City
  - Country
- Citizenship (Country):
- Age:                      Sex:                      Male                      Female
- Your Home Country Address:
  
- Mobile Phone Number (Include Country Code):
- Email Address:
- College/University:
  - Name
  - Address
  - Country
  - Year Graduated

- Department in which you will train in the United States:
  
- Desired training period:
  - Number of weeks                      OR                      Number of months
  
- Preferred starting date:
  
  
- Contact In Case of Emergency:
  - Name
  - Address
  - Mobile Phone Number (Include Country Code)

By entering my name and the date below, I attest that the information provided and the materials submitted are true and accurate. I also agree that, if scheduled for a training assignment, I will abide by all Tufts University School of Medicine and the Teaching Hospital policies, rules and regulations.

Name of Applicant Attesting to the Above:

Date (mm/dd/yyyy):