



APPLICATION FORM FOR NON COD INTERN
College of Dentistry

Admin Assts. ☐ 4299999 x 95763/95817 Fax ☐ 8011111 x 14010 Mail Code ☐ 1243 E-mail ☐ cod_cln@ksau-hs.edu.sa P.O. Box ☐ 22490, Riyadh 11426

Personal Information: (Type information as it appears on your passport)

Family/Last Name		
First Given Name		
Middle Name		
Date of Birth Month	Contact No.	Gender
/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address		

Dental School Information

University	
City	
Nationality	
Year Level	
I.D number	

Preferred Date for Rotation

First Rotation (Calendar form) Second Rotation (Calendar form) 3rd Rotation (Calendar form)

Applicants to the Summer Training Program are required to submit the following documents:

- Transcript of GPA
- Letter of Intent from the school stating the period of rotation
- A **Letter of Recommendation** from a Faculty member. You can always email this separately if you do not have it at this time to complete this application.
- Internship Unit interview

NOTE:

- Notification will be send to your email once accepted.
- Maximum of four (4) months of rotation

Medical Knowledge

1. Conduct and participate in continuing medical education activities (Medical By-Laws)
2. Teach others.
3. Provide adequate supervision to junior physicians.
4. Keep up –to-date with best practice and use evidence-based practice at all times.

Practice-based improvement

1. Adhere to the safe practice requirements set out within the international Patient Safety Goals (IPSG 1, 2, 3, 4, 5, 6, APP 1430-16, 1429-02, 1433-18, DPP 7800-200-01, DPP 7800-200-02, ICM IPP 11-04 Hand Hygiene, APP 1430-05).
2. Support the identification and data gathering of hospital-wide clinical quality indicators and safety measures (JCI GLD4 & 5, QPS 3, 7, 8, 9, 10).
3. Report any serious incident that have occurred (APP 1433-15 5.4, JCI QPS 1, 2, 3,7).
4. Actively participate in improvement initiatives in your area or across the institution as required.

System-Based Practice

1. Adhere to the MNG-HA administrative policies and procedures.
2. Adhere to working hours.
3. Practice only within the scope of professional education, training and medical privileges (APP 1426-19 5.2.4.2. APP 1433-31).
4. Ensure that all documentation is completed on a timely fashion as dictated in the related policies (APP 1430-49 emergency department consultation practice 5.1.1).
5. Be responsible for the accuracy of clinical record documentation made by self or junior members of the team (APP 1430-49 5.1.2.1).
6. Ensure that reassessments of patients are conducted and documented daily (APP 1430-49 6.1.1).
7. Ensure that patient reassessments during weekends and holidays are performed and documented, and provide clear handover during transition of care with significant patient information (APP 1430-49 6.3.1.3).
8. Assist bed allocation and patient discharge planning (APP 1430-49 6.3.1.2).
9. Attend and participate in departmental and organizational meetings.


8 Feb 17

As a Physician, I confirm that I have read and understood the requirements set out within this Code of Conduct . By signing this document, I agree to be held accountable for my professional conduct in accordance with the content of this code of conduct.

Physician's Name _____

Department _____

Signed _____

Date _____