

DOCAIDE CLINICAL SCHOLARS PROGRAM

International Observership Program

SCHOLAR APPLICATION

Application Instructions

Please complete all sections of this application fully and accurately. Fields marked with an asterisk (*) are required. Submit your completed application along with all required supporting documents to the DocAide Clinical Scholars Program Admissions Office **via email at info@docaide.ai**.

Applications are reviewed on a rolling basis. Incomplete applications will not be considered.

SECTION 1: PERSONAL INFORMATION

1. Full Legal Name (as it appears on your passport) *

Last / Family Name

First / Given Name

Middle Name(s)

Preferred Name (if different)

Date of Birth (MM/DD/YYYY)

2. Contact Information *

Email Address *

Phone Number (with country code) *

3. Country of Citizenship * *

4. Country of Current Residence * *

5. Current Mailing Address * *

Street Address

City

State / Province

Postal Code

Country

SECTION 2: MEDICAL EDUCATION & TRAINING

6. Medical School Attended *

Institution Name

Country

Degree Awarded (e.g., MBBS, MD, MChB)

Year of Graduation *

7. Have you completed any postgraduate medical training (internship, residency, fellowship)? *

 Yes No

8. If yes, please describe your postgraduate training: *

Program / Specialty	Institution & Country	Start Year	End Year

SECTION 3: USMLE & ECFMG STATUS

9. USMLE Step 1 Status *

 Passed Scheduled / Not Yet Taken Not Applicable

Step 1 Score (if taken)

Year Passed

10. USMLE Step 2 CK Status *

 Passed Scheduled / Not Yet Taken Not Applicable

Step 2 CK Score (if taken)

Year Passed

11. ECFMG Certification Status *

 Certified Application Pending Not Yet Applied

12. ECFMG Certificate Number (if certified)

SECTION 4: PROGRAM & ROTATION PREFERENCES

13. Desired Rotation Start Date * *

- January February March April
- May June July August
- September October November December

14. How many months of rotations are you applying for? * *

- 1 month 2 months 3 months 4 months (full certificate)

15. Preferred Specialty / Specialties (select all that apply) * *

- Internal Medicine Family Medicine Pediatrics Surgery
- OB/GYN Psychiatry Neurology Emergency Medicine
- Cardiology Geriatrics Other (specify below)

If other, please specify specialty

16. Are you interested in the DCSP Research Track? *

- Yes — actively seeking research mentorship Yes — if opportunity arises No

17. If interested in research, please describe your area of interest or prior research experience:

Describe your research interests or experience here...

SECTION 5: ENGLISH LANGUAGE PROFICIENCY

18. Is English your primary language of medical training? * *

- Yes No

19. If no, have you completed a standardized English proficiency examination? *

- IELTS TOEFL OET Other Not Yet Taken

Examination Name & Score

Year Taken

SECTION 6: PERSONAL STATEMENT

Please respond to the following prompts. Responses should be thoughtful and specific. Quality is valued over length.

20. Why are you applying to the DCSP International Observership Program, and what do you hope to achieve? (250–400 words) * *

Share your motivation for applying and your specific goals for the program...

21. Describe a clinical experience that shaped your approach to patient care. What did it teach you? (150–300 words) * *

Describe a formative clinical experience...

22. What specialty are you pursuing for residency, and why? How will this observership strengthen your application? (150–300 words) * *

Describe your specialty choice and how this program supports your goals...

23. What do you anticipate will be your greatest challenge in adapting to U.S. clinical practice, and how do you plan to address it? (100–200 words) * *

Reflect on potential challenges and your approach to overcoming them...

SECTION 7: REQUIRED SUPPORTING DOCUMENTS

Please include the following documents with your application. Check each box to confirm inclusion:

- Copy of valid passport (photo page)
- Official medical school diploma and transcripts (translated to English if necessary)
- ECFMG certificate or application confirmation (if applicable)
- USMLE score report(s) (if applicable)
- Current Curriculum Vitae / Resume
- English proficiency test results (if applicable)
- Two (2) letters of reference from licensed physicians or academic supervisors
- Proof of medical liability insurance (if currently practicing)

SECTION 8: DECLARATION & SIGNATURE

I, the undersigned, certify that all information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission may result in the rejection of my application or dismissal from the program. I agree to abide by all DCSP program policies, clinical site protocols, and professional conduct standards.

Applicant Signature

Date (MM/DD/YYYY)

Printed Full Name

Submit Completed Applications To:
DocAide Clinical Scholars Program — Admissions Office
info@docaide.ai | www.docaide.ai