International Scholars Program Application

Every question must be answered.
All Applicants must include with application:

1. Curriculum Vitae – Include education and professional experience
2. One color picture of yourself no larger than 2 ½ x 3 ½ inches
3. Proof of English Competency (e.g. TOEFL, letter from NCH staff, academic grade)
4. Copy of medical degree of license with certified English translation
5. Immunization record and either a negative tuberculin skin test OR a chest x-ray report taken within 6 months on this form
6. Previous International Education Experiences
7. Campus Housing Application

When completed, please click the Submit button at the top right corner of this form.
You may also download it, save it and send it to:

Nationwide Children's Hospital
International Scholars Program
700 Children's Drive
Columbus OH 43205
ISP@NationwideChildrens.org

Please email ISP@NationwideChildrens.org if you have any questions.

Please check the program you are applying for:

Stecker Scholarship	
Affiliated Institution: China, Amsterdam, etc	
Rotary	
Independently Funded	x

Today's Date: 8\30\2016

First Name : Farah

Last (Family) Name: Harba

Gender: Male_____ Female X

Home Street Address: Al-Qusour streer- Baniyas

City: Baniyas

Province: Tartous

Country: Syria

Postal Code/Zip Code: _____

Email Address: farrah.h94@gmail.com

Home Phone Number (including country code): +96343712413

Mobile Phone Number (including country code): +963993690926

Date of Birth (Month/Day/Year): 11/4/1994

Place of Birth (including City/Province/Country): Mahardeh- Hama - Syria

Citizenship (Country): Syrian

Your Profession: Last year dentistry student

Academic Appointment (if any): _____

Area of Specialty: _____

Job Title: _____

Name of College or University: Tishreen University

Name of Hospital: Tishreen University Hospital

Is this a children's hospital? Yes: _____ No: _____

Work Address (including City/Province/Country):
Tishreen University Hospital, Ziraya Street ,Lattakia, Syria

Work Phone Number (include country code): +96341420291

Fax Number: N/A

Work Email Address: _____

Emergency Contact in Home Country – Name and Phone Number:

Najwa Alkhoury

+963944545720

Requested Visit Dates: FROM: October 2017 TO: November 2017

Alternate Dates: FROM: August 2017 TO: September2017

PLEASE ALLOW THREE TO SIX MONTHS FOR APPLICATION PROCESSING

Goals Statement: List what you wish to accomplish during your stay at Nationwide Children's Hospital. Please be specific and give details.

Completing this program would give me the opportunity to expand my knowledge of pediatrics, oral pathology, and oral surgical procedures applicable to the child dental patient. Observing your outstanding faculty and staff would increase my ability to diagnose and treat dental traumas and caries. I am especially interested in learning advanced techniques for treating conditions affecting pulp tissues and the periodontium. Learning such skills at Nationwide Children's Hospital would prepare me to provide comprehensive oral health care for the children in my country, particularly those who are underserved and in desperate need of improved care.

Describe how your participation in this program will influence health care for children in your country upon your return. Please be specific.

The Syrian educational system demands that students decide their careers far earlier than the American educational system, so I decided early that I wanted to pursue dentistry. As a high school student, I was especially excited to open a small clinic in my hometown someday.

In 2011, the year I finished high school, Syria collapsed into a civil war. Hundreds of thousands of people suffered death, displacement, and injury, and to make matters worse, hyperinflation has debilitated the Syrian economy. The Syrian people can no longer afford adequate dental care, and since many skilled professors and scientists have fled the country, we dental students have very few resources to learn from.

I would be honored for the chance to rotate in a world-class facility like Nationwide Children's Hospital. I would relish the opportunity to learn up-to-date techniques, increasing my ability to support children's oral health care and to help the children in my country.

Please list number of health care professionals you have taught in the last year:

Allied Health	Nurses	Medical Students	Residents/ Fellows	Attending Physicians

Please describe any other teaching activities or academic projects (courses taught, curricula or lecture series developed, etc.

Please describe any previous international education you have had.

Have you received training in the USA or other country for one month or longer? ___Yes _X_ No
If yes, for each program, please complete the following:

Program Clinical/Research	Country	Institution	Dates	Purpose
EXAMPLE: Lab research in genetics	*USA*	*University of Americas*	*9/2007-8/2008*	*Learn gene splicing and genetic research*

Are you <u>currently</u> participating in an educational program outside of your home country?
___Yes _X_ No. If yes, please identify:

Institution _____ Country _____
Program _____
Dates _____ Clinical _____ Research _____

Please briefly describe the patients you serve in your home practice (ages, major diagnoses, common co-morbidities) & the facilities/equipment you use to deliver care.

Please list number of patients you serve for each age group.

	< 1 Year	1 – 5 Years	6 – 12 Years	13 – 21 Years	> 21 Years
# of Patients					

What are the top three diagnoses in your practice?

Diagnosis	Number of Patients
Dental Caries	
Pulpitis	
Gingivitis	

What are the top three procedures that you perform?

1. Dental caries removal
2. Pulpectomy
3. Tooth extraction

Please Provide the Following Information About Your Facility

Number of adult beds in your hospital	832
Number of adult beds in your ward	The dentistry ward does not have any beds
Number of pediatric beds in your hospital	20
Number of pediatric beds in your ward	The dentistry ward does not have any beds
Number of operating rooms	
Number of specialists in your institution	

The types of specialties

Does your institution receive referrals from other Hospitals? _____Yes X_____No

If yes, what are the top 2 diagnoses of the referred patients?	What percentages of patients are treated with this diagnosis?

List the major equipment you routinely use:

1. Dental syringes for local anesthesia
2. Probes and mirrors for examination of the mouth
3. Rotary instruments
4. Dental forceps for tooth extraction

What types of research and quality improvement projects are you currently working on at home? Please tell us about your:

Clinical/Quality Improvement Projects:

Clinical and Basic Science Research Projects: