

APPLICATION FOR MEMBERSHIP

SCHOOL INFORMATION	
Name of Medical School / Medical Faculty / Medical Academy of the University	
Mailing Address	
Physical Address	
Main Switchboard Telephone Number	
School's Website URL	

A. SCHOOLS CHIEF EXECUTIVE / DEAN	
Name and Title	
Mailing Address	
Physical Address	
Telephone Number	
E-mail Address	

B. OTHER AUTHORISED REPRESENTATIVE	
Name and Title	
Mailing Address	
Physical Address	
Telephone Number	
E-mail Address	

SCHOOL GOVERNANCE	
What is the School's Ownership Type?	
What is the School's Legal Authority to Operate as a Tertiary Educational Institution?	
What is the Website URL for the School's Mission/Purpose Statement?	

EDUCATIONAL PROGRAMMES	
What is the Website Address for the School's Academic Programme Catalogues, Curriculum, etc.?	
What Academic Programmes (in the area of medicine and health professions education) does the School Offer ?	

Average Number of Graduates (in the programmes mentioned above) Per Year	
Approximately, how many full-time Teaching Faculty do you have?	
Approximately, how many part-time teaching Faculty do you have?	

SCHOOL HISTORY
Provide a brief overview of the history of the school sufficient to assist the reviewer of the application towards understanding the nature of the institution and any unique features.

APPLICATION INTENTIONS
Briefly describe why you are seeking membership with the AMSE

Annual membership fee:

- 300 Euro (regular)
- 280 Euro (AMEE institutional members)

Signature

Date

Please note done any other general information below.