



**APPLICATION FORM**  
For Conducting EBM WORKSHOP for residents & Fellows  
According to SCHS requirements  
(ref 1763/3 dated 6/4/1426H)



<b>1. Name of Center Applying/ Conducting Course</b>	<hr/> <hr/>
<b>2. Director or the Course</b>	<hr/>
<b>3. Contact Data</b>  <b>Full Address :</b>  <b>Email:</b>  <b>Mobile:</b>	<hr/> <hr/> <hr/> <hr/>
<b>4. Date of the Course</b>	<hr/>
<b>5. Expected No.of Participants</b>	<hr/>
<b>6. PLEASE CHECK THE BOX</b>  <input type="checkbox"/> In this course, we will be using our own materials ( will be reviewed according to SCHS requirements)  <input type="checkbox"/> We will use the Foundation Course material (the standardized material approved by the SCHS and provided by the EBM referral center – NGCEBM)	