



فناؤنڈیشن یونیورسٹی اسلام آباد

**FOUNDATION UNIVERSITY ISLAMABAD**  
**FOUNDATION UNIVERSITY MEDICAL COLLEGE**



**DEPARTMENT OF MEDICAL EDUCATION**

**APPLICATION FORM: CERTIFICATE HEALTH PROFESSIONS EDUCATION (CHPE) LEADING TO DIPLOMA HEALTH PROFESSIONS EDUCATION (DHPE) 2026 – FUI.**

1. Which course are you interested in.. (tick only one of the following)?	
<b>Certificate Health Professions Education (CHPE)</b>	<b>Diploma Health Professions Education (DHPE)</b>
2. Have you already done a certificate course (ACMED / CHPE) in medical education?	
YES	NO
3. If your answer is yes to para 2, then provide the following information:	
a.	Name of awarding institution:
b.	Date of award:
4. Applicant Name (complete name in CAPITALS):	5. Specialty:
6. Employment designation	7. Employment institute
NOTE: If your designation is a Demo. /Lec/Snr Lec/SR at FUSH/FFH, specify the Duration of service:	
8. PM&DC Reg No.	9. Date of Birth
10. E-mail	11. <b>WhatsApp no (MANDATORY)</b>
12. Undergraduate Qualification:	13. Postgraduate Qualification
14. Teaching Experience:	15. No. of Research Publications
16. Experience / Involvement in Medical Education Activities:	
17. Statement of Intent (Why you want to do this course?)	
18. Computer Skills: Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/>	

**Please refrain from attaching any supportive documents until after the final selection process.**

Signature:

Date:

**(E mail the completed form at tayyeba.iftikhar@fui.edu.pk)**