



Application Form / HMAA Fellowship Program

Personal Details (Please complete as they appear on your passport)	
Last name:	Given name(s):
Gender: Male Female	
Country of citizenship:	
Country of legal permanent residence:	
Birth place, date (mm/dd/yyyy):	
Passport number, expire date:	
Contact Information	
Email:	
Mobile (country code/number):	
Permanent address:	
Emergency Contact Information	
Last name:	Given name(s):
Relationship:	
Email:	
Mobile (country code/number):	
Permanent address:	
Academic Status	
University:	
Faculty:	
Graduation (yyyy):	
Program Placement Preferences	
Placements will be related to the Applicant’s field of study and career path. HMAA can not guarantee placements of desired practices. However, individual suggestions and preferences will be taken into consideration	
Preferred Period of Program	
Proposed period of study : from (mm/yyyy):	until (mm/yyyy):
Proposed program (Please list specific clinical fields (see the options above) you wish to participate /location	
1.	
2.	
3.	



Scientific activity, publications... etc. (Please provide title and place)

Extracurricular activities (Please attach certificates regarding them!)

How did you find out about HMAA?



Visa Information

If you answer yes to any of the below questions, please submit all relevant documentation along with this

Have you ever been denied entry into the U.S.?	<input type="checkbox"/>	<input type="checkbox"/> No
Have you ever applied for a visa to immigrate permanently to the U.S.?	<input type="checkbox"/>	<input type="checkbox"/> No
Have you ever been arrested and convicted of a crime in your home	<input type="checkbox"/>	<input type="checkbox"/> No
Have you ever been arrested and convicted of a crime in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/> No
Have you ever been refused a visa by a U.S. Embassy or Consulate?	<input type="checkbox"/>	<input type="checkbox"/> No

Languages (Please attach certificates regarding them!)

Native language:				
Non-native Language(s)	Years Studied	Proficiency (indicate Poor, Fair, Good, or Fluent)		
		Speaking	Reading	Writing

Who are eligible for the Exchange Program?

Only HMAA Hungary Chapter members can apply

for the exchange program (membership is free for medical students, further information visit the [Hungary Chapter](#) page).

Requirements (all should be submitted by email in ONE pdf document named as the applicant):

- Completed Application Form
- Passport size photo – scanned original
- Curriculum vitae (in English) – scanned original signed
- Letter of motivation/intent (in English) – scanned original signed



Applicant's declaration and signature

As the participant of the HMAA Fellowship Program, I hereby agree that:

- The Participant Declaration serves to outline the terms and conditions of participation in the Exchange Program administered by HMAA.
- Read the following information carefully and confirm that you have read, understood, and agree to these terms by signing and dating the last page. Please keep a copy for your own reference. If you fail to sign or date this section, your application will not be considered.
- The Applicant agrees that all information provided in the application is true to the best of his or her knowledge and acknowledges that any false or misleading information may lead to rejection of the application or, if discovered later, to immediate dismissal from the program.
- The Applicant confirms that the recommendation letters submitted by the Applicant were written by the recommender, not by the Applicant and simply signed by the recommender.
- The Applicant confirms that the Applicant's personal statement represents the Applicant's original work and thoughts and has not been copied from any other source. Plagiarism of any kind will lead to automatic disqualification or, if discovered later, dismissal from the program.
- The Applicant is responsible for considering his or her personal health and safety needs, as well as those of any accompanying family members, when applying for or accepting the Exchange Program. If the Applicant suffers from any health or other condition that would create a risk for him or her while abroad, he or she should not apply.
- HMAA reserves the right to refuse scholarships to any Applicant that HMAA deems does not meet program eligibility requirements or any Applicant that HMAA does not deem appropriate to accept in the general interest of the program.
- The HMAA Exchange Programs are competitive programs and therefore reserves the right to select a limited number of Applicants to receive the exchange spots, of which the selection committee decides who best embodies the values, goals, and objectives of HMAA.
- The Participant is responsible for reading and carefully considering all materials made available that relate to safety, health, legal, environmental, political, cultural, and religious customs and conditions in the U.S. The Participant must take full responsibility in the event that laws, regulations, or customs are broken, regardless of his or her actual knowledge of these laws, regulations, or customs.
- The Participant acknowledges that it is solely the Participant's responsibility to abide by all HMAA program rules and U.S. laws and regulations with respect to the Participant's visa status. The Participant agrees that any injury or damage that the Participant may incur by not leaving the U.S. in accordance with the Participant's visa or applicable HMAA program rules and/or U.S. laws and regulations shall be the sole responsibility of the Participant and not the responsibility of HMAA.
- Passports must be valid for at least 1 year beyond the anticipated date of departure from the U.S. Individuals who have recently held a J-1 visa for the U.S. must remain in their home country for a minimum of 90 days before a new DS-2019 form can be issued. The Participant is responsible for submitting all requested documentation (including passport copy) to HMAA by the deadline HMAA states. HMAA cannot be responsible for any additional costs incurred (including the cost of rebooking a flight) due to delays by the Participant in submitting documentation or delays by the U.S. Embassy in issuing a visa. It is the responsibility of the Participant to exercise due care once in possession of the legal documentation (DS-2019) and visa. The cost of replacing these items due to lack of care must be borne by the Participant.
- The Participant must supply HMAA with the name and contact details of next of kin to be contacted in the case of emergency.
- All travel before, during, and after the program is at the Participant's own risk. Also, if the Participant chooses to operate motorized vehicles, he or she is responsible for obtaining the necessary license, permission, and insurance, and does so at his or her own risk.
- The Participant agrees that she or he will not engage in any activity that would bring the HMAA, or Exchange Programs, or the U.S. Department of State into notoriety or disrepute. HMAA reserves the right to dismiss from the Exchange Program any Participant who is deemed by HMAA to be a danger to himself or herself or others or whose conduct is deemed to be detrimental to the Program. In the event of such a dismissal, HMAA shall not be held responsible for any airfare, charges, or any other expense incurred by the Participant.
- The exchange student is a representative of the HMAA and her/his University. She/he will maintain an appropriate standard of behavior, and be aware that any adverse behavior will not only reflect poorly on her/himself, but also on HMAA, Hungarian Universities and future participants in the Exchange Program.



HUNGARIAN MEDICAL ASSOCIATION OF AMERICA

P.O. Box 421
Amherst, NY 14226-0421
Email: info@hmaa.org
Website: <http://hmaa.org/>

- I declare that the information presented in this application and the accompanying documentation is true and correct.
- I understand that the HMAA may terminate my application or nomination for the exchange if I have misrepresented my past and/or present circumstances. I authorize HMAA staff to make relevant enquiries to verify my application, and should I be approved to go on exchange, to provide the necessary information to partner institutions for the purpose of arranging my exchange.
- I agree, that after each month of rotations and upon returning to Hungary I will submit publications for the HMAA blog and at the end a final report about my clinical study to the HMAA.

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Deadline: all applications must be emailed by June 30, 2021 24:00 CET.
Applications sent later than this date and time will not be accepted.
The application must be complete, otherwise it will be automatically rejected.

All applications are to be filled DIRECTLY on this PDF file. Please, NO handwritten applications, as they will not be accepted. After filling out the application completely, merge it with all the documents we require for the application and submit it to the following addresses together:

Houston Exchange: zgarami@houstonmethodist.org, _____

If you have any questions, please contact us!

Signature of Applicant

Date (mm/dd/yyyy) / /