

# Information of Foreign Medical School for Institute and Curriculum Approval, V. 2013 The Medical Council of Thailand

### I. General Information:

1.	Name of Medical School/ Faculty/ College/ Institution:
	University :
2.	Address :
	Website
	TelTelefax
	Email address
	Contact person
3.	Present status of the medical school/institute
	<ul><li>[ ] private</li><li>[ ] government</li></ul>

- 4. Is your medical school/institutions presently accredited?
  - 4.1 By Higher Education Authority
    - ] Yes. (specify name).....] No.
  - 4.2 By Professional Medical Regulatory Authority (PMRA)
    - [ ] Yes. (specify name).....
      [ ] No.
  - 4.3 Others(specify).....
- 5. Is the name of this medical school listed in the Directories of FAIMER School ID: ......
- 6. Brief history of Medical school:

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### II. Curriculum overview

7. Title of degree

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8. Duration of study (years)

9. Pł	nilosophy/	/objectives
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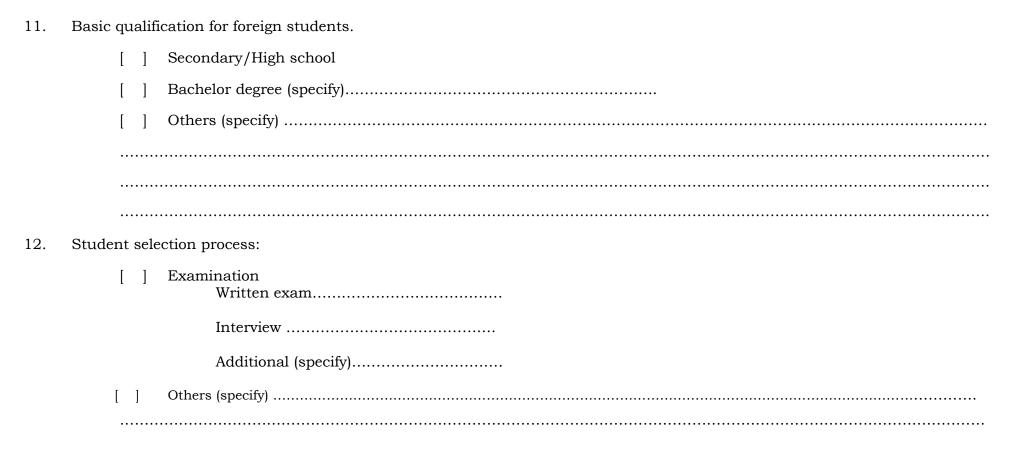
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10. Graduate outcomes

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#### III. Student recruitment



- 13. Number of medical students intake in year, 201.
  - 13.1 Native students .....

13.2 Foreign students .....

14. Number of medical students in year 201.

Year of study	Program for Native students	Program for Foreign students
1st		
2nd		
3rd		
4th		
5th		
6th		

15. Number of teaching staff:

	Pre-clinic	clinic
Full – time		
Part – time		
Total		

16. Teaching staff qualification(please attach a list of staff with educational qualifications and academic position)

## IV. Curriculum structure (please attach full text of curriculum)

17. Total credits/unit/weeks/hours

1 credit = ..... hour/week

1 unit =..... hour/week

Others (specify).....

	No. of hours/credits		
Subjects	Theory	Practice	
First year			
Semester I			
Subject no.			
Semester II			
Subject no.			
Optional modules/semesters			
year			
Semester I			
Subject no.			
Semester II			
Subject no.			
Optional modules/semesters			

18. Please explain how the medical students being rotated for **clinical years** in university hospital and/or affiliated hospitals.

Name of hospital				
year	Hospital I/wks/hrs	Hospital II	Hospital III	remarks
First clinical year				
Subject				
•••••				
Second clinical year				
Subject				
•••••				
Third clinical year				
Subject				
•••••				
Optional/electives				

19. Information on the training hospitals. (Please specify every hospital)

			19.1 Hospital I	19.1 Hospital I 19.2 Hospital II	19.3 Hospital III
			(Name/Address)	(Name/Address)	(Name/Address)
	1)	Number of beds			
	2)	Number of full time physicians on service			
	3)	Number of out-patients/year			
	4)	Number of in-patients/year			
	5)	Number of major operations/year			
	6)	Number of deliveries/year			
	7)	Hospital accreditation [ ] yes	[ ] no.		
		Accreditation body			
		Valid through			
20.	Learning Re	sources			
	Libra	ary			
	Othe	er learning materials (specify)			
21.	Student eva	luation system			
	21.1 At t	he end of each year			
	21.2 At t	the end of each level/phase/part			
	21.3 Fin	al evaluation for graduation (specify) (ple	ease attach evaluation me	ethods in details)	
	21.4 Crit	teria for Passing/Failing and termination	ı		

22. Quality Assurance system for medical school

#### 23. Postgraduate internship/housemanship

[ ] Yes. [ ] No.

Training system (specify).....

Do you allow your foreign graduates to enroll in the program? [ ] Yes. [ ] No.

- 24. Policy for medical licensure/registration in the country.
  - [ ] After graduation (without examination).
  - [ ] After graduation (with examination).
  - [ ] After .....years of internship/other trainings (without examination for license).
  - [ ] After .....years of internship/other trainings (with examination for license).
- 25. Is medical licensure/registration permitted for foreign medical graduate from this program?
  - [ ] Yes. [ ] No.