



Information of Foreign Medical School for Institute and Curriculum Approval The Medical Council of Thailand

I. General Information:

1. Name of Medical School/ Faculty/ College/ Institution:

University :

2. Address : Country :

Website.....

Tel..... Telefax.....

Email address.....

Contact person.....

3. Present status of the medical school/institute

private

government

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 By the World Federation for Medical Education (WFME)

- Yes. (specify name & submit document)
- No.

4.4 Others (specify).....

5. Is the name of this medical school listed in the Directories of FAIMER School ID: (Submit document)

6. Brief history of Medical school:

.....

II. Curriculum overview

7. Title of degree

.....

8. Duration of study (years) and the first semester of each academic year

.....

9. Philosophy/objectives

.....

10. Graduate outcomes

.....

III. Student recruitment

11. Basic qualification for foreign students.

Secondary/High school

Bachelor degree (specify).....

Others (specify)

12. Student selection process:

Examination

Written exam

Interview

Additional (specify).....

Others (specify)

13. Number of medical student intake in year 20..... (e.g 2021)

13.1 Native students

13.2 Foreign students

14. Number of medical students in year 20.....(e.g 2021)

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).....

Subjects	No. of hours/credits	
	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	19.2 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 <input type="checkbox"/> yes <input type="checkbox"/> no			
Accreditation body..... Valid through.....			

20. Learning Resources

Library.....

Other learning materials (specify)

21. Student assessment system.....

21.1 At the end of each year

21.2 At the end of each level/phase/part

21.3 Final evaluation for graduation (please specify & attach evaluation methods in details)

21.4 Criteria for Passing/Failing and termination

22. Quality Assurance system for medical school

- Yes., by whom for years
- No.

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.