**INSTITUTION INFORMATION:**

Institution Name:

Location (City, Country):

Type of Institution (e.g., Medical School, Training Centre):

Year of Establishment:

Accreditation History (if any):

Date and Year of Submission:

**CONTACT INFORMATION:**

Primary Contact Person:

Title:

Email:

Phone:

Secondary Contact Person:

Title:

Email:

Phone:

Program Details:

**MEDICAL EDUCATION PROGRAMS OFFERED:**

1. (List all programs)
2. Program Duration:

(Specify the duration for each program)

1. Faculty Information:
2. Total Number of Faculty:
3. Percentage of Faculty with Advanced Degrees:
4. Faculty Development Programs Offered:

**INFRASTRUCTURE:**

**Facilities and Resources Overview:**

(Brief description of classrooms, laboratories, clinical facilities, etc.)

**Information Technology Resources:**

(Description of technology infrastructure)

**ACCREDITATION GOALS:**

Reasons for Seeking IAMETA Accreditation:

Specific Goals for Accreditation:

**DOCUMENTATION CHECKLIST:**

Please ensure that you have included the following documents with your application:

* Completed Application Form
* Self-Assessment Report
* Faculty Qualifications Documentation
* Infrastructure Checklist
* Other Relevant Supporting Documents

**DECLARATION:**

I, [Primary Contact Person], hereby declare that the information provided in this application is accurate and truthful to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

Please submit the completed application form and supporting documents to [**info@iameta.org**](mailto:info@iameta.org)