Sultanate of Oman Oman Medical Specialty Board



سلطنة عُمان الجلس العُماني للاختصاصات الطبية

Referral Form to OMSB Performance & Wellness Section

SELF-REFERRAL

Resident Name	
OMSB No	Academic Year
Specialty	
Year of Residency	
Telephone No	
E-mail address.	
Referral Reasons: (Please attach any documents you believe are useful for this referral)	
Preferred method to Contact you	phone
Name	
Date Signa	ature