

American University of Beirut

Application for the Executive Master in Health Care Leadership Program 2022–23

The Executive Master in Health Care Leadership (EMHCL)

The Executive Master in Health Care Leadership (EMHCL) is an innovative academic program to enhance the knowledge and skills of current and future generations of healthcare leaders. The program is tailored to the needs of the health care sectors in the MENA region with the goal of advancing public health knowledge and practice.

An applicant is considered for admission to the EMHCL Program if he/she meets the minimum admission requirements. Applicants to the program will be evaluated based on their academic and professional achievements with a minimum of a bachelor's degree recognized by AUB, previous record of professional experience (a minimum of five years), letters of recommendation (academic and professional), and a personal statement. Applicants must be currently employed in a managerial post and demonstrate leadership potential and prospects for academic and professional success. Applicants to the EMHCL Program, other than AUB graduates and graduates of recognized colleges or universities in North America, Great Britain, Australia, and New Zealand must meet the English Language Proficiency Requirement (ELPR). A score of 40 on the AUB-EN, 147 on the GRE (Verbal), 25 on the GMAT (Verbal), 97 on the internet-based TOEFL (IBT), 7.0 on IELTS, or 120 on the DUOLINGO English Test (DET) is required for admission of new applicants to the program.

Applicants who fail to meet the ELPR may be eligible to take the University Preparatory Program (UPP) Graduate Course or enroll in other intensive English courses depending on their test scores. Their enrollment will be contingent upon passing these courses. Furthermore, applicants will be interviewed as part of the selection process. The decision on admission to the program will be based on a thorough study of their application, supporting documents, and the interview.

Deadlines for Receiving Applications for Admission/Notification Dates

Applications for the EMHCL Program should be sent to the Office of Admissions as early as possible, on or before September 16, 2022. The decisions made by the EMHCL committee will be communicated to applicants in writing by the Office of Admissions and the EMHCL Program.

A complete application package includes the following items:

- a. The completed application form to be sent along with
 - a recent passport size color photograph of the applicant
 - a photocopy of the applicant's identity card or passport
 - an application fee of \$50
- b. Curriculum Vitae (in English)
- c. An official transcript of college or university records
- d. Names and addresses of two references
- e. Official results of the English proficiency test (TOEFL, IELTS, and AUB-EN). It is essential that the applicant's test results reach the Office of Admissions before the decision on applications is made
- f. An official letter of employment
- g. The applicant will be interviewed by the EMHCL Director
- h. Tuition and other fees: these cover teaching fees, academic and instructional material, and library access. Please note that the university reserves the right to change any or all fees at any time without notice. Participants are expected to cover their travel and lodging
- i. For non-AUB graduates a grading system explanation from previous university is required as part of the application package

Program Schedule

The EMHCL curriculum consists of 21 courses, totaling 45 credit hours covering three competency areas: foundation of public health practice, advanced managerial functioning, and health systems policy and reform. It is delivered in a highly interactive modular format.

The EMHCL Program is delivered over a period of 18 months, during which the courses are offered once every five weeks.

Lectures are offered Tuesday through Saturday. Due to the current COVID-19 pandemic, classes are conducted online in both synchronous and asynchronous manner.

For admission dates and payment schedule, please refer to the following website: <http://www.aub.edu.lb/fhs/emhcl>.



Number: _____
For office use only

Application for Admission to Executive Master in Health Care Leadership

For the Academic Year 2022–23

American University of Beirut
Office of Admissions, College Hall, Beirut, Lebanon

Paste recent colored
passport-size photograph.
Do not staple.

Semester Applying for/Deadlines:

Spring 2022 Apply by September 16, 2022

1. Full legal name: Mr./Ms. _____ / _____ / _____ / _____
Last First Middle (or father's name) Suffix (Jr., Sr.)

2. Current mailing address: **Mandatory [preferably not school address]**

_____/_____/_____
Building/Floor Street Nearby **[Complete and valid address is mandatory: PO Box alone is not sufficient]**
_____/_____/_____/_____/_____/_____
PO Box (not AUB box) Area/Caza City State Zip Code Country

Telephone (home): _____ / _____ / _____ (cell): _____ / _____ / _____
Country code Area code Number Country code Area code Number

Email address: _____ @ _____

3. Current employer:

Name of company: _____

Employer's address: **Mandatory**

_____/_____/_____
Building/Floor Street Nearby **[Complete and valid address is mandatory: PO Box alone is not sufficient]**
_____/_____/_____/_____/_____/_____
PO Box (not AUB box) Area/Caza City State Zip Code Country

Telephone (home): _____ / _____ / _____ (cell): _____ / _____ / _____
Country code Area code Number Country code Area code Number

Fax: _____ / _____ / _____
Country code Area code Number

Email address: _____ @ _____

Your business unit: _____

Job title: _____ Number of people reporting to you: _____

4. Managerial responsibilities

Please give a description of your present job, including nature of work and major responsibilities. You may add an organizational chart (you may use a separate sheet if needed):

5. Name and title of your immediate/direct supervisor: _____

6. Gender: Male Female

7. Date of birth: _____ / _____ / _____ [e.g., DD/MMM/YYYY]
Day Month Year

8. Marital status: Single Married Other, _____
Specify

9. Country of birth: _____

10. Nationality: _____ [Holders of dual nationalities are urged to indicate their second nationality here]

Lebanese _____ Other _____
Check both if applicable

11. University education (most recent first). Please provide certified copies of your degrees.

University	Years attended (From/To)	Degree earned	Field of study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Proficiency in languages

	Writing Excellent/Good/Fair	Reading Excellent/Good/Fair	Speaking Excellent/Good/Fair
English	_____	_____	_____
Arabic	_____	_____	_____
French	_____	_____	_____

13. Have you taken an English proficiency test (such as TOEFL, IELTS, or AUB-EN)?

If yes, please indicate test name, its score and date taken:

_____ / _____ / _____
Test name Score Month/Year

14. How did you learn about the program?

Supervisor Company colleague Mailing Word of mouth
 Internet website Social Media, _____ Other, _____
specify medium Specify

15. Why do you wish to attend the AUB EMHCL Program? (you may use a separate sheet if needed):

16. What are your expectations from attending the EMHCL Program?

[you may use a separate sheet if needed]

17. How do you expect to meet the cost of tuition and other expenses?

[Check all that apply]

- Fully sponsored by employer
- Partially sponsored by employer
- Own funds
- Bank loan
- Other, _____
Specify

18. Kindly mention two references whom we can contact for recommendation letters:

Name: _____ Organization: _____

Title/Position: _____ Relation: _____

Country: _____ City: _____ State: _____

Telephone (work): _____ / _____ / _____ Email address: _____ @ _____
Country code Area code Number

Name: _____ Organization: _____

Title/Position: _____ Relation: _____

Country: _____ City: _____ State: _____

Telephone (work): _____ / _____ / _____ Email address: _____ @ _____
Country code Area code Number

I certify that the answers to the foregoing questions and the statements on the previous pages were completed by me and are, to the best of my knowledge and belief, true, complete and correct.
(I understand that any misrepresentations or material omission made on this form may invalidate this application and cancel any aid awarded to me at any time). I also authorize investigation of all statements contained herein.

Date: _____ Signature in English: _____

Please return this form along with a non-refundable fee of \$50

American University of Beirut

Office of Admissions
PO Box 11-0236
Riad El Solh 1107 2020
Beirut, Lebanon

Your application will be processed as soon as your file is complete. **Please send a copy of all your application material to the below address:**

American University of Beirut

Faculty of Health Sciences
EMHCL Program
PO Box 11-0236
Riad El Solh 1107 2020
Beirut, Lebanon

Checklist

Please make sure that all the following items are sent to the Office of Admissions by the required deadline. Your application will not be reviewed until all of the following items have been received:

- EMHCL admission application
- Photocopy of applicant's identity card or passport
- One recent, passport-size colored photograph
- Official transcript of college or university record
- Non-AUB graduates: grading system explanation from previous university
- Official results of English tests taken (if applicable)
- An official letter of employment
- Curriculum Vitae (in English)
- Names and addresses of two references
- Application fee

Wire Transfer: you can wire transfer the application fee to one of our bank accounts (listed below) and please make sure to include the Transfer Instruction referring to applicant's full name: e.g. "admission application fee for Jane Doe"

CITIBANK, N.A. (Lebanon)

Bank Branch: BERYTUS Parks

Bank Address: BERYTUS Parks BCD, Reg. No. 69781 BDL 115

P.O. Box 11-1535 Beirut - Lebanon

Bank Account Number: 600224166 USD currency

IBAN: LB9401150000000000600224166

Bank Account Number: 600224395 USD currency For International Transfers merely

IBAN: LB22 0115 0000 0000 0006 0022 4395

Bank Account Number: 600224034 LBP currency

IBAN: LB69 0115 0000 0000 0006 0022 4034

Swift code: CITILBBE

Account Name: American University of Beirut

Do not send cash. Applicants who wish to pay in cash should pay the fee at the Cashier's Office located on the first floor of College Hall.

When you are admitted to AUB you will receive an enrollment confirmation form with your letter of admission. To indicate your intention to enroll, you will be asked to return this form by a specified deadline and pay the enrollment fee of \$3000.

Please call, write, or email the Office of Admissions if you have any questions about the application procedures or the status of your application:

Office of Admissions

American University of Beirut

PO Box 11-0236

Riad El Solh 1107 2020

Beirut, Lebanon

Tel: +961-1-374374 / 374444

Ext. 2890

Fax: +961-1-750775

Email: admissions@aub.edu.lb

Students living in North America may wish to correspond with AUB's New York Office:

American University of Beirut

3 Dag Hammarskjold Plaza, 8th Floor

New York, NY 10017-2303, USA

Tel: 212-583-7678

Fax: 212-583-7650

Tuition of EMHCL Program

The EMHCL Program is a 45 credit program. Tuition per credit for the academic year 2021-22 is \$900 per credit. Check the EMHCL website for updates on tuition fees and dates of payment.

<http://www.aub.edu.lb/fhs/emhcl>

Executive Master in Health Care Leadership Program

Faculty of Health Sciences
American University of Beirut

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3 Dag Hammarskjold Plaza, 8th Floor
New York, NY 10017-2303
USA

Email: emhcl@aub.edu.lb
www.aub.edu.lb/fhs/emhcl