

ID:00607

Al-Kindi Hospital
Amman - Jordanمستشفى الكندي
عمان - الأردن

Privilege's For Doctors

11/06/2024

Name	Date of Birth	Specialty	
Mohammad ALSHALALDEH	02/06/1974	Cardiac Surgery	
Phone	Clinic Phone	Email	Address
0790039891	0790039891	dr-alshalaldeh@hotmail.com	Amman, JORDAN

Document

Personal photo	CV	Covid Vaccine Certificate
<ul style="list-style-type: none">WhatsApp-Image-2022-07-13-at-01.44.34.jpeg	<ul style="list-style-type: none">CV-M.ALSHALALDEH-2023-2024.pdf	<ul style="list-style-type: none">covid-card.pdf
National Identity	Bachelor's Certificate	M.O.H License for Specialty
<ul style="list-style-type: none">هويه-شخصيه	<ul style="list-style-type: none">national-medicine-diploma.pdf	<ul style="list-style-type: none">ministry-of-health-certificate.pdf

Jordan Medical Association Registration

- [النقابه-جراحة-قلب.pdf](#)
- [jordan-board-cardiac-surgery.pdf](#)

Board Certification Jordan-Arab

- [jordan-board-cardiac-surgery1.pdf](#)

Additional Certificates

- [Turkish-borad-English-Translate.pdf](#)

Publications

- [PUBLICATIONS.pdf](#)

Privilege's

Cardiac Surgery

Privileges in Cardiac Surgery

PDF VIEW

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for any additional privileges insert it at next field

Additional Privileges

VASCULAR SURGERY

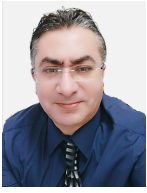
Note

I am an assistant professor doctor in the cardiovascular department in the faculty of medicine hospital at Pamukkale University since June 2018.

□ I perform all types of cardiac and vascular surgeries besides giving lectures and practical training to the resident doctors in our department and students of medicine faculty, and physiotherapy and rehabilitation faculty students. I have my clinic in the polyclinics department.

□ My residency in cardiovascular surgery started in 2009 at Pamukkale University in Denizli city / Turkey and finished in 2014. then I worked as a specialist in cardiovascular surgery in Mus city state hospital for about two years.

□ I had worked for about 2.5 years as a resident doctor of general surgery at AlBashir hospital in Amman / Jordan from February 2005- August 2007.



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Consent

I agree to

I confirm that the all files and information attached above are complete and correct.
I authorize the hospital to verify them according to the instructions and regulations in the hospital, and I sign on all the above.

Signature