

National Taiwan University Hospital

APPLICATION FOR CLINICAL TRAINING

1. Surname	2. Middle name	3. First name	glue photo here 2 inches
4. Date of Birth		5. Nationality	
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Passport No.	
8. Home Tel. No.		9. Business Tel No.	
10. Fax No.		11. E-Mail Address:	
12. Contact Address:			
13. Major Interests (or Fields) for Elective Training:			
14. Expected Dates to Start and End the Training Course: From ____/____/____ To ____/____/____			

APPLICANT'S SIGNATURE: _____

DATE (dd-mm-yyyy): _____

Please attach photocopies of the following documents with this application:

1. Completed application form with a recent photograph (passport photo).
2. A recommendation letter from your academic supervisor or the director of your residency training program.
3. A personal statement describing your interests in learning if entering this program.
4. Curriculum Vitae
5. Photocopy of diplomas for your degree in medicine (M.D., M.B.) or any other related medical fields.
6. Photocopy of qualified licenses related to medical fields.
7. Proof of residency training (at least one full year of post-graduate clinical training)
8. Photocopy of your passport (the page containing personal information and photograph).
9. Certificate of Pulmonary Tuberculosis and Hepatitis B status.
10. Proof of travel and health insurance.
11. Proof of proficiency in traditional Chinese (if available)

(In case that any of the diplomas, certificates or licenses are not in English, please submit the English translations certified by your governmental authorities.)

All the above documents must be mailed to and received by the Department of Medical Education, National Taiwan University Hospital 3 months prior to your expected elective course.