

National Taiwan University Hospital

APPLICATION FOR CLINICAL TRAINING

1. Surnames	2. Middle names	3. First names	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 Field) for Elective Training:			
14. Expected Time to Start and End the Training Course: From ____ / ____ / ____ To ____ / ____ / ____			

APPLICANT'S SIGNATURE: _____

DATE(dd-mm-yyyy): _____

Please attach xerox copies of the following documents with this application:

1. Completed application form with a recent photograph (passport size).
2. Recommendation letter from your academic supervisor or the director of your residency training program or institution.
3. Personal statement describing your interests in learning if entering this program.
4. Curriculum Vitae
5. Photocopy of diploma for Degree in Medicine.
6. Photocopy of qualified medical license.
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 health and injury insurance.
11. Statement or approval of proficiency in 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 above-mentioned documents should be submitted to the Department of Medical Education, National Taiwan University Hospital 3 months prior to your expected elective course.