

## Application Form for

## Division of \_\_\_\_\_ International Fellowship/Observership

Given Names		護照號碼 (Passport No.)							
Surname		出生年月日 (Birth Date)		____/____/____ (mm/dd/yyyy)					
(國 籍) (Nationality)		性 別 (Sex)		<input type="checkbox"/> 男 (Male) <input type="checkbox"/> 女 (Female)					
Special Interest/ Request:		婚 姻 (Marriage)		<input type="checkbox"/> 已婚 (Married) <input type="checkbox"/> 未婚 (Unmarried) <input type="checkbox"/> 其他 (Others)					
執業地點 (Working organization)		執業國家 (Working country)		<input type="checkbox"/> 本國 (Taiwan) <input type="checkbox"/> 其他 (Others) : _____					
通訊處 (Mailing Address)		住家 (Home Address) :				Phone No.			
		公司 (Office Address) :				FAX			
E-mail									
學 經 歷	畢業學校 (Educated school)		科 系 (College department)			畢業年度 (Educated years)			
	服務機關 (at least 1 year) (Academic Appointment & Employment Record)			職 務 (Title)		服 務 起 訖 (Employment duration)			
						____/____/____ ~ ____/____/____			
						____/____/____ ~ ____/____/____			
應檢附文件 (Documentations required) :									
<input type="checkbox"/> 1. Complete Curriculum Vitae <input type="checkbox"/> 2. Copy of Diploma of Medical Education <input type="checkbox"/> 3. Copy of License for Medical Practice (Copy of medical doctor license) <input type="checkbox"/> 4. Copy of Travel Medical Insurance. <input type="checkbox"/> 5. Copy of Passport (passport-size) <input type="checkbox"/> 6. 2 Recommendation letter or reference from your working organization <input type="checkbox"/> 7. Recent photograph <input type="checkbox"/> 8. Copy of Service agency current position certification (Employment certificate) <input type="checkbox"/> 9. Physical Examination: include X-ray、Rubella、Rubeola (Measles) 、 Syphilis (RPR and TPPA) 、 Anti-HBs and Anti-HCV within 3 months. <input type="checkbox"/> 10. Document of Non-disclosure Agreement for International Clinical Trainees (check Attachment) <input type="checkbox"/> 11. Signature electronic file									
<b>※File name of the document:</b> According to the above number + certificate name - for example : 01-CV 02-Diploma of Medical Education									
<b>※Applications will not be accepted if any of the materials are not included.</b>									
代訓期間 (Proposed of Training Period)		From ____/____/____(mm/dd/yyyy) To ____/____/____(mm/dd/yyyy)							
Please forward this application to us <b>at least 3 months</b> before your proposed visit. The final approval for this fellowship/observership will be decided by the Ministry of Health. You will be duly informed of the outcome.									
Signature: _____					Date: _____				