

**Application Form for
Division of _____ International Fellowship/Observership**

Personal Information:

Given Name(s):		Passport Number:		(photo)
Surname:		Date of Birth (mm/dd/yyyy):	____/____/____	
Nationality:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Special Interest/ Request:		Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other	
Current Workplace:		Country of Employment:	<input type="checkbox"/> Taiwan <input type="checkbox"/> Other: _____	

Contact Information

Home Address:			
Office Address:			
Email:			
Phone Number:		Fax Number:	

Educational Background

Institution:	
Department/ Field of Study:	
Year of Graduation:	

Employment Record (At least 1 Year)

Institution	Position	Start Date	End Date
		____/____/____	____/____/____
		____/____/____	____/____/____

Proposed Training Period

<ul style="list-style-type: none"> • From: ____/____/____ (mm/dd/yyyy) To: ____/____/____ (mm/dd/yyyy)
<p>Applications must be submitted at least 3 months prior to the intended training period. The final approval will be determined by the Ministry of Health, and you will be notified of the outcome accordingly.</p> <p style="text-align: right;">Signature: _____ Date: ____/____/____</p>

Required Documents (All items must be submitted for application to be considered complete)

- 1. Complete Curriculum Vitae
- 2. Copy of Medical Degree Diploma
- 3. Copy of Specialist Certification or Other Relevant Qualification Certificates (including Chinese or English translation).
- 4. Copy of Medical Practice License
- 5. Copy of Passport (Passport-size copy)
- 6. Copy of Travel Medical Insurance
- 7. Two Recommendation Letters or Reference Letters from Current Workplace
- 8. Recent Photograph
- 9. Proof of Current Employment (Employment Certificate)
- 10. Proof of at least one year of medical practice (including a Chinese or English translation), with the issuance date not exceeding six months prior to the application date..
- 11. Physical Examination Report (within 3 months), including:
(If the clinical training period is more than three months, a physical examination report must be provided.)
 - Chest X-ray for Tuberculosis Screening
 - Rubella
 - Measles (Rubeola)
 - Syphilis (RPR & TPPA)
 - Hepatitis B (Anti-HBs) & Hepatitis C (Anti-HCV)
- 12. Signed Non-Disclosure Agreement for International Clinical Trainees (See Attachment)
- 13. Electronic Signature File

File Naming Convention: Please name your documents according to the numbering above. Example:

- 01-CV
- 02-Diploma_of_Medical_Education

※Note: 1. Incomplete applications will not be processed.

2. "If the content is neither in Chinese nor English, please provide the corresponding translation in Chinese or English."

Contact Information

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