**APPLICATION FOR CLINICAL ELECTIVES**

**Kaohsiung Medical University Chung-Ho Memorial Hospital**

Fill this form and return to:

Julia Chu E-mail: kmuhforeignclerks@gmail.com

\*Please make sure you have read the **KMUH Application Information** before sending your application.

|  |
| --- |
| Name |
| Surname:  | Given names:  | Middle:  |
| Chinese Name (If you have one, please write):  |
| Mailing Address (Physical Address):  |
| Internet (e-mail) address:  | Telephone:  |
| Sex: □ Male □ Female | Country of Citizenship:  | Date of Birth(dd/mm/yyyy):  |
| Name of University:  | Country of University:  | College/School:  |
| Expected Graduation Date and Degree Obtained: | Present status at medical school: -year medical student of year course |
| **SUPPLEMENTARY INFORMATION**If you have an acquaintance whom we can contact in Taiwan, please write down his/her name, address, and telephone number. |
| Name: Tel: Address:  |

**ACADEMIC INFORMATION**（List the schools you have/had attended, beginning with your current school）

|  |  |  |
| --- | --- | --- |
| Name of School | Location (City, State) | Duration (month, year) |
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**CERTIFICATE**

Will you need a certificate for this elective course? □ Yes □ No

**LANGUAGE FLUENCY** (List all the language you speak, starting with your native language)

|  |  |
| --- | --- |
| Language | Fluency |
|  |  |
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**COURSE SELECTION**

**(Tuition fee: NTD 3000/per week; ID Card fee: NTD 200/per card;** **insurance fee for needlestick injuries : NTD 100 )**

Total period of electives: weeks,

Dates: From dd/mm/yyyy to dd/mm/yyyy

Please indicate your choices and duration of stay clearly. Number them preferentially. (1=first choice, 2=second choice, 3=third choice…)You are encouraged to choose the courses you have taken or will be completed at the student’s school before taking electives.

|  |  |  |  |
| --- | --- | --- | --- |
| Department | Week | Department | Week |
|  Internal MedicineSubspecialty: 1. 2.  |  |  SurgerySubspecialty: 1. 2.  |  |
|  PediatricsSubspecialty:1.No preference2.General Pediatrics   3.Neonatology 4.Pediatric Cardiology & Pulmonology5.Pediatric Hematology & Oncology6.Pediatric Neurology |  |  Obstetrics & Gynecology |  |
|  Ophthalmology |  |  Otorhinolaryngology |  |
|  Dermatology |  |  Urology |  |
|  Emergency Medicine\*\* |  |  Traditional Chinese Medicine\*\* |  |
|  Family Medicine |  |  Rehabilitation Medicine |  |
|  Psychiatry\*\* |  |  Anesthesiology |  |
|  Neurology |  |  Pathology |  |
|  Radiation Oncology |  |  Laboratory Medicine |  |
|  Orthopedic SurgerySubspecialty:1.Joint 2. Sport3. Trauma 4. Pedi 5. Spine |  |  DentistrySubspecialty: 1. 2.  |  |

\***Please note that General Internal Medicine/ Surgery is designed for PGY under teaching purpose in Taiwan, please choose other departments instead if these two departments are what you had in mind.**

\*There are “five” sub-specialties in Pediatrics Department. We'll need to know which one you're interested in: **1.No preference, 2.General Pediatrics, 3.Neonatology, 4.Pediatric Cardiology & Pulmonology, 5.Pediatric Hematology & Oncology, 6.Pediatric Neurology**

\*There are “five” sub-specialties in Orthopedics Department. We'll need to know which one you're interested in:**1. Joint 2. Sport 3. Trauma 4. Pedi 5. Spine**

**\*\*Emergency Medicine, Traditional Medicine and Psychiatry: Proficient in Mandarin, particularly in speaking, listening and reading comprehension are required.**

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| --- | --- |
| **Department of Internal Medicine** | **Department of Surgery** |
| Gastroenterology | Neurosurgery |
| Hepatobiliary and Pancreatic Medicine | Cardiovascular Surgery |
| Cardiology | Thoracic Surgery |
| Pulmonary Medicine | Colorectal Surgery |
| Nephrology | General and Digestive Surgery |
| Endocrinology & Metabolism | Plastic Surgery |
| Hematology & Oncology | Breast Surgery |
| Allergy, Immunology and Rheumatology |  |
| Infectious Diseases |  |
| Geriatrics and Gerontology |  |

 **Curriculum Vitae (C.V.)**

FULL name

Contact Address

Phone number • Email address

|  |  |
| --- | --- |
| Personal Profile | [Insert here] |
| Career Summary/Objective | [Insert here] |
| Education | **[Date]** [Course] [Institution Name] * [Qualification gained (level)]

**[Date]** [Course] [Institution Name] * [Qualification gained (level)]

**[Date]** [Course] [Institution Name] * [Qualification gained (level)]
 |
| Skills and Achievements | **Achievements:*** [Insert achievement]
* [Insert achievement]
* [Insert achievement]

**Skills:** * [Insert skill]
* [Insert skill]
* [Insert skill]
 |

|  |  |
| --- | --- |
| Work Experience | **[Date] [Job Title] [Company Name]*** [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]

**[Date] [Job Title] [Company Name]*** [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]

**[Date] [Job Title] [Company Name]*** [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]
* [Responsibilities, Duties and Tasks performed]
 |
| Hobbies and Interests | [Briefly outline your hobbies and interests (particularly those that are related to the job you are applying for] |
| Others |  |

**Application Checklist**

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| --- | --- |
| □ | A selfie in a clean background or 1 inch photo (height 3.5mm, width 2.74mm) |
| □ | A supporting letter from the Director of Academic (Student) Affairs or the Dean of the Medical School. This letter should confirm the year of the applicant, academic standing, expected graduation date and the approval of taking elective program at KMUH. |
| □ | Copy of a valid passport. (must be at least 6 months before expiration for international travel) |
| □ | Transcripts from first year to the most recent ones, or performance records, list of completed academic courses at school. |
| □ | Proof of insurance that covers student’s travel to Taiwan. (most basic one is acceptable) |
| □ | Report of chest X-ray examination, 3 months within to the start of the elective course, If there is an abnormality, a diagnostic certificate indicating non-active pulmonary tuberculosis should be provided. |
| □ | Report of Hepatitis B surface antigen and antibody test, 3 years within to the start of the elective course, if the results are negative, it is recommended to receive preventive vaccination. |
|  | Report of Measles Virus IgG & Rubella IgG, 5 years within to the start of the elective course. If the test results show a negative or weak positive result, the record of the first dose of the MMR vaccine should be provided. |
|  | Record of COVID-19 vaccine, Two doses of vaccine and booster dose must all be completed over 14 days before the starting day of your electives. |
|  | \*\* If the medical examination report is in a language other than English or Chinese, a formal English translation document should be provided. |

**Applicant Signature:** **Date:**