



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: <input type="checkbox"/> Male <input type="checkbox"/> 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)

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

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 Medicine Subspecialty: 1. _____ 2. _____		_____ Surgery Subspecialty: 1. _____ 2. _____	
_____ Pediatrics		_____ Obstetrics & Gynecology	
_____ Ophthalmology		_____ Otorhinolaryngology	
_____ Dermatology		_____ Urology	
_____ Emergency Medicine**		_____ Traditional Chinese Medicine**	
_____ Family Medicine		_____ Rehabilitation Medicine	
_____ Psychiatry		_____ Anesthesiology	
_____ Neurology		_____ Pathology	
_____ Radiation Oncology		_____ Laboratory Medicine	
_____ Orthopedic Surgery Subspecialty: 1. Joint 2. Sport 3. Trauma 4. Pedi 5. Spine		_____ Dentistry Subspecialty: 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.**

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

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	<p>[Date] [Course] [Institution Name] ▪ [Qualification gained (level)]</p> <p>[Date] [Course] [Institution Name] ▪ [Qualification gained (level)]</p> <p>[Date] [Course] [Institution Name] ▪ [Qualification gained (level)]</p>
Skills and Achievements	<p>Achievements:</p> <ul style="list-style-type: none"> ▪ [Insert achievement] ▪ [Insert achievement] ▪ [Insert achievement] <p>Skills:</p> <ul style="list-style-type: none"> ▪ [Insert skill] ▪ [Insert skill] ▪ [Insert skill]

Application Checklist

- 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:** _____