

臺北市立聯合醫院國際醫療訓練課程申請表

Taipei City Hospital International Medical Training Program Application Form

姓名 Name		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	6個月內2吋半身彩色近照 Please attach 2"x2" head and shoulder photos in color (taken within the last six months)
生日 Birthday	/ / (year/month/day)	國籍 Nationality		
		護照號碼 Passport No.		
工作/學校 Employer/ University		專業/系所 Specialty/Major		
學制(年) Educational system(year)	(Non-students do not need)	學生年級 Student grade	(Non-students do not need)	
聯絡電話 Contact phone No		電子信箱 E-mail		
通訊地址 Contact Address				
申請訓練課程/期程 Applying program	I am interested in _____ _____			
參訪期間 Visiting interval	自 From / / (year/month/day) 至 To / / (year/month/day) The whole length of courses: _____ (months)			
附件 Enclosures	Required: <input type="checkbox"/> Copy of passport name-page <input type="checkbox"/> Reference letter from school/employer <input type="checkbox"/> Learning statement or foci <input type="checkbox"/> Medical insurance approval (must cover emergency aids in training period) <input type="checkbox"/> Valid language ability certificate (English or Chinese) <input type="checkbox"/> Health status report (chest X-ray、hepatitis A and hepatitis B test taken within the last 3 month of arriving) Visiting scholars must also provide <input type="checkbox"/> Approvals of education and working experience (at least 1year is required) <input type="checkbox"/> Specialty license in English or Chinese version			
簽名 Signature	日期 Date / /			