

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)
專業/主修 Specialty/ Major		工作/學校 Employer/ University		
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 (1) _____ (2) _____ (3) _____			
參訪期間 Visiting interval	自 From _____ / _____ / _____ (year/month/day) 至 To _____ / _____ / _____ (year/month/day) The whole length of courses: _____ (months)			
住宿需求 Housing in Taiwan	<input type="checkbox"/> I already have a place to stay <input type="checkbox"/> Please recommend me a suitable place	附件 Enclosures	Required: <input type="checkbox"/> Copy of passport photo-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 and hepatitis A and B test taken within the last 3 month of arriving) Visiting scholars must also provide <input type="checkbox"/> Approvals of education and working experience <input type="checkbox"/> A copy of specialty license and an English transcript in addition	
簽名 Signature	日期 Date _____ / _____ / _____			