**APPLICATION FOR CLINICAL ELECTIVES**

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

**(For Partner Exchange)**

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

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| --- | --- | --- | --- |
| 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 languages you speak, starting with your native language)

Non-native English or Chinese speakers who provide certification of their proficiency in both languages will be given priority consideration.

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

**(Hospital ID card fee: NTD200/per card; Insurance fee for needlestick injuries: NTD 100/per student)**

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  Subspecialty:  1. No preference  2. General Pediatrics  3. Neonatology  4. Pediatric Cardiology & Pulmonology  5. Pediatric Hematology & Oncology  6. 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 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.**

\*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.**

|  |  |
| --- | --- |
| **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 |  |
| General Internal Medicine |  |

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

FULL name

Contact Address

Phone number • Email address

|  |  |
| --- | --- |
| Personal Profile | [Insert here] |
| Autobiography | [Insert here] |
| Application Motivation | [Insert here] |
| Completed Medical Curriculum | [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 andAchievements | **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 |  |

***Accommodations***

We offer two 4-bed dormitory rooms for the exchange students from our partner universities. However, due to the limited beds, we cannot guarantee that everyone who applies can be accommodated. If the dormitory application is not approved, it is strongly recommended that the housing arrangement be made before arriving in Kaohsiung.

**KMU Dorm Application：**

|  |  |  |
| --- | --- | --- |
| Room Type ： | 4-bed Dormitory with Shared Bathroom | |
| Facility： | Bath, toilet, desk (no table lamp), chair, wardrobe, and network socket (need to prepare your own network cable) | |
| Bed size： | 190cm x 90cm | |
| Price: | NTD$ 1,050 for 7 days/ per week (Start Calculating from the first date of stay) | |
| * A dorm fee includes water and electricity, AC is centrally controlled and is available from 12:00 pm-1:00 pm/ 7:00 pm- 8:00 am for Monday to Friday; 12:00 pm-2:00 pm/ 6:00 pm-8:00 am for the weekend. * Dorm stay application for less than one week (7 days) will be charged for one week. * The dorm availability is subject to the existing dorm condition; there's no guarantee for the application. | | |
| ❑ I need to apply KMU Dorm. ❑ I will arrange accommodation myself. | | |

***Application Checklist***

**(All submitted documents must be in English; other languages will not be accepted.**

**Please ensure the checklist, signature, and date sections below are properly completed.)**

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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. (This should be a written radiology report of the chest X-ray, not the image file of the X-ray itself.) |
| □ | 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.(This should be a blood test report, not a record of hepatitis B 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, proof of receiving at least one dose of the MMR vaccine within the past 15 years must be provided.  \*Applicants who have documented proof of receiving at least one dose of the MMR vaccine within the past 15 years are exempt from the measles and rubella antibody tests. |
|  | Dorm application. |
|  | **\*\* If the medical examination report is in a language other than English or Chinese, a formal English translation document should be provided.** |
|  | **If only numerical values are provided, please include the interpretation of results based on the hospital's reference standards (e.g., "Positive," "Negative").** |

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