



Taiwan International Healthcare Training Center

Application Form

Training Program: _____

Training Duration: _____

Basic Information	
First Name	
Middle Name	
Last Name	
Sex	
Date of Birth	
Phone	
Mobile Phone	
Fax	
Email	
Mailing Address	
Country	
State/Province	
City	
Street	
Postal Code	
Passport Information	
Passport Number	
Nationality	
Date of Expiration	

Occupation		
Institution		<input type="checkbox"/> Government / Official
Department/Section		<input type="checkbox"/> Private
Position		
Education		
Highest education attained:		
Institution		
Country		
Major		
Year Attained		
Language Ability		
Please describe your language capabilities: None, Basic, Intermediate or Fluent?		
English		
Chinese		
Other		
Contact Information		
Emergency contact person:		
Name		
Relationship		
Phone		
Address		
Contact person in Taiwan:		
Name		
Relationship		
Phone		
Address		

Study Plan



Applications

Taiwan International Healthcare Training Center

Statement of Purpose

Please write a short essay of about 500-600 words, in either English or Chinese, which answers the following questions:

- (1) Why do you want to participate in this program ?
- (2) What are some of the current medical challenges in your country ?
- (3) How can this program aid you in contributing to the healthcare of your country ?
- (4) Please include a brief list of study objectives with specific topics or areas of interest ?
- (5) What do you expect to gain from this course ?

Supporting Document

Please provide a copy of the following documents, scanned and converted to PDF format. If a single document contains more than one page, please save all pages into a single file. If the documents are not in English, please also provide a brief English translation explaining the document.

Note that incomplete or missing documents will delay your application process.

- (1) A photocopy of your Passport's Personal Information page, showing clearly your name, date of birth, passport number, issue date, and expiration date
- (2) One passport-sized photo (3.5X4.5 cm) with your English name written on the back
- (3) If you are applying for clinical training
 - a. A photocopy of your diploma in a degree relevant to a career in medicine
 - b. A photocopy of your medical license
 - c. Documentation with proof of at least one year's worth of medical practice in your country
 - d. Copies of any other licenses, certificates, or awards relevant to the clinical program to which you are applying to
- (4) If you are applying for project training
 - a. A photocopy of your diploma in a degree relevant to a career in public health, health insurance, health care management, or medicine
 - b. Copies of any other licenses, certificates, or awards relevant to the project program to which you are applying to
- (5) Resume or Curriculum Vitae
- (6) One or more letters of recommendation