



# 2020 TIHTC Application Form

**\*Please fill out the form with the first letter of the first word capitalized**

## Basic Information

**First Name**

**Middle Name**

**Last Name**

**Gender**

Male

Female

**Date of Birth**

**Email**

\*Please confirm that this email is a valid email address as TIHTC will contact and update your application status via this email

**Mobile Phone**

**Facebook**

**LINE ID**

**WhatsApp**

**Religion**

**Dietary Restriction**

**Medical History & Allergies**



# 2020 TIHTC Application Form

## Passport Information

Nationality

Passport Number

Date of Expiration

\*Please confirm & ensure that the expiry date of your passport is valid for longer than 6 months for your visa application (requirements by Taiwan government)

## Occupation

Current Institution

- Government / Official
- Private

Describe Your Institution

Institution Type

- Medical Institution
- Government Health Agencies
- Academic Institution
- Non-Governmental Organization
- Other: \_\_\_\_\_

Department/Section

Current Position

Other Concurrent Positions

- Physician
- Nurse
- Professor / Lecturer
- Hospital Administrator
- Government Official
- Medical Technician

Describe Your Duties & Responsibilities

\*no more than 150 words



# 2020 TIHTC Application Form

## Language Ability

English	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Chinese	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other Languages	

## Education

\*Highest Education Attained

Institution	
Country	
Major	
Year Attained	

## Postal Address

Postal Code	
Street	
City	
State / Province	
Country	



# 2020 TIHTC Application Form

## Contact Information

### (1) Head of the Department / Section

Name

Position / Department

Phone

Email

### (2) Emergency Contact Person

Name

Relationship

Phone

Email

## Statement of Purpose

\*Please answer the following questions in English of 500-600 words for each question

**1. Why do you want to participate in this program?**

**2. Please describe the current healthcare system in your country.**



## 2020 TIHTC Application Form

3. What are some of the current medical challenges in your country?

4. How can this program aid you in contributing to the healthcare of your country?

5. What do you expect to gain from this program?

### Study Plan

\*For achieving the desired training outcomes, please be as specific as possible in the intended training topics

Department	Subject	Specific	Duration
e.g. Pulmonary medicine	Chronic respiratory	Bronchial asthma	2weeks
		COPD	1week

### Note

- Applicants must apply 2 months prior to the start of the training program
- Clinical training commences on the 1st and 3rd week of each month
- The maximum training period cannot exceed 2 years
- No clinical practice is allowed in clinical training programs under 3 months
- TIHTC and MOHW reserve the right to change the date of the program, course content and admission requirements



## Clinical Training Agreement

The clinical training program you are applying is subject to the following guidelines by MOHW. Please read it in full and check the box to confirm your agreement.

### Application Guidelines for Teaching Hospitals Accepting Foreign Medical Personnel for Clinical Training and Teaching

MOHW Announcement No.1071661004 on March 7th, 2018  
MOHW Announcement No.1071663551 Amendment on June 8th, 2018

- A. The Ministry of Health and Welfare (hereinafter referred to as the Ministry), for the purposes of enhancing international cooperation, promoting medical communication and ensuring patient safety, as well as enabling foreign medical personnel to engage in clinical training or clinical teaching in Taiwan's hospitals. The guideline serves as the basis for the application of visas at the Taiwan embassies, representative offices, offices, or any other agencies authorized by the Ministry of Foreign Affairs.
- B. The "foreign medical personnel" referred to in these points refers to foreigners who have obtained the qualifications of foreign medical personnel.
- C. Hospitals receiving foreign medical personnel for clinical training should be an accredited hospital for such clinical training (hereinafter referred to as teaching hospitals). The name, nationality, and below documentation are required to be submitted for approval by the Ministry at least one month before the date of training (for those whose training is over three months, then the application should be submitted three months before the date of training):
- Photocopy of passport or other identification documents.
  - A photocopy of foreign medical personnel certificate, medical specialist certificate or other qualification certificates (including Chinese or English translated versions).
  - Proof of medical work experience for than one year (including Chinese or English translated versions), document must not be issued no more than six months before the application date.
  - The clinical training plan content should include the purpose of clinical training, date, division, medical instructor, and clinical training program.
  - Those with training period longer than three months should submit health examination reports such as chest x-ray for pulmonary tuberculosis, serological test for syphilis, proof of positive measles and rubella antibody or measles and rubella vaccination.



## 2020 TIHTC Application Form

D. The duration for foreign medical personnel receiving training at the teaching hospital is limited to two years. However, with clear reasons and attaching a plan for changing the clinical training, those who applied and permitted by the Ministry may extend their clinical training for a period not exceeding two years.

E. **For the teaching hospitals accepting foreign medical personnel for clinical training, if clinical practice is involved, medical personnel of that training category should be assigned with an on-site instructor. Trainees is not allowed to perform invasive medical practices independently. Furthermore, those who are not engaged in clinical training for longer than three months may not perform clinical practice training.**

The Ministry may approve, partially approve or deny applications submitted by the teaching

F. hospitals in consideration of the hospital training capacity, medical personnel category, number of applicants, and training project period.

G. Teaching hospitals organizing clinical training for foreign medical personnel and clinical teaching by foreign medical personnel in Taiwan should abide the guidelines stated and relevant medical regulations. Any violation of the provisions or matters that are deems unqualified, the Ministry may terminate its approval at any time and notify the relevant authorities. For hospitals failing to fulfil its management obligations, the Ministry may suspend the acceptance of its related applications until the improvements are implemented.

I have read and understood the clinical training programs in Taiwan are subject to the Application Guidelines for Teaching Hospitals Accepting Foreign Medical Personnel for Clinical Training and Teaching by MOHW. I hereby agree to follow the regulations stated above during my period of stay in Taiwan and I understand that violations of these rules will result in consequences appropriated via the MOHW and TIHTC.