

Taichung Veterans General Hospital

Information on Clinical Electives for International Medical Students

2020.05.15

Please read the following information thoroughly before applying for Clinical Electives:

Duration

The length of each course should be two weeks at least and the training period for all courses counted together should not exceed 2 months (no longer than 2 months within a year according to the Ministry of Health and Welfare, Taiwan).

I. Qualifications

1. Students in a medical school and in the grade in which Taiwanese medical students can receive internship training at local medical institutions (the highest 2 grades in principle, but the training departments have the right for final decision).
2. Not contracting any infectious diseases

II. Documents required

1. Application form
2. Personal profile
3. Photo copy of the passport
4. A letter of recommendation from the school
5. Performance records

Applications must be submitted by email at least 3 months prior to the desired training date for the interested department's review, and the result will be informed one month after the application is received. Please log on the following website to send an application on line:

<https://sedu.vghtc.gov.tw/global/>

If approved, a reminding letter will be sent to the applicant one week prior to the start date via email informing when and where to check in.

III. Documents required on the start day

1. Photo copies of health examination reports for hepatitis B and C (antibody and antigen), chest X-ray (issued within 1 year), measles, Rubella vaccine. A health check list is attached. The applicant should fill it out and have a health institute or the applicant's school stamp on the form. Those who's antibody test is negative should provide a record of vaccine injection.
2. A receipt for accident insurance with a coverage of at least NT\$ 1 million (which covers the period of the applicant's stay in Taiwan)
3. A receipt for trainee fee (US\$ 75 / week) paid to the hospital in NT dollars (based on the currency exchange rate of the check-in day).
4. Two photos of 1 inch.

IV: Accommodation

If the applicant needs a place to stay, please mark it on the application form. The responsible office will make arrangement for it. The monthly rate is 3,400 NT dollars.

V. Other information:

1. The applicant needs to prepare a white gown to be worn during the training period (it can be bought after arrival).
2. After training, a certificate for elective training will be provided.
3. In the event of a major pandemic, the hospital can cancel / postpone applications which have previously been approved.

For more information please contact:

Mr. Chou

Department of Medical Education,

Taichung Veterans General Hospital

Tel: 886-4-23592525 # 4367

E-mail: cnw168@vghtc.gov.tw

臺中榮民總醫院
國外見習醫學生申請需知

第 1 次修正:109 年 05 月 15 日

臺中榮民總醫院提供國外見習醫學生見習課程，請於申請前詳閱下列資訊。

單科最少需見習 2 週，各科總見習期間合計不得超過 2 個月(依衛福部規定指一年內期間合計不得逾 2 個月)。

一、申請資格：

1. 國外醫事科系申請來台見習，以醫事科系在學學生，且其修業年數已達我國各該科系得於醫療機構見習者為限(原則為申請者所在醫事科系最後二年的學生，但仍以本院臨床部科審核為準)
2. 無傳染病

二、申請所需文件：

1. 申請表
2. 個人資料表
3. 護照影本
4. 學校推薦信
5. 在校成績單

申請者至少須於欲申請見習日期3個月前以 e-mail 方式提交上述申請文件(將送請擬見習臨床單位審核與確認容額)，並同時連結登入本院建置國外醫學生申請作業系統(<https://sedu.vghtc.gov.tw/global/>)，申請結果將於收到 e-mail 後 1 個月內告知。報到前一週將以 e-mail 通知報到當天到院時間及地點。

三、報到當天所需文件：

1. 體檢表影本(項目需包含 B 肝抗體、B 肝抗原、胸部 X 光報告(1 年內)、及麻疹與德國麻疹檢查報告。另須提供人員健康之查檢表，應加蓋醫療機構或所屬學校單位證明(如附表)。抗體陰性者需提供疫苗接種紀錄。
2. 自行投保 100 萬台幣意外險之保險收據，須能涵蓋申請者在台灣停留的時間。
3. 見習費收據(一週 75 美金，以報到當天銀行匯率換算台幣繳交給醫院)
4. 一寸照片 2 張

四、住宿申請：

若有住宿需求請依表提出申請，轉請本院業管單位協助安排，每月每人收費新台幣 3,400 元。

五、其它：

1. 醫師袍請自行準備或抵台後購買
2. 見習課程結束後將提供見習證明
3. 若適遇重大傳染病疫情時，本院得取消/延後原同意之見習申請

欲了解更多資訊請連繫：臺中榮民總醫院教學部 周先生

電話：04-23592525 分機 4367 E-mail: cnw168@vghtc.gov.tw

APPLICATION FOR CLINICAL ELECTIVES

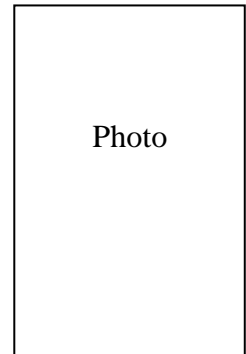
Taichung Veterans General Hospital

Name in English: _____, in Chinese: _____

Gender: male female Nationality: _____

Medical School: _____

Present status at medical school: - year medical student



Student's Mailing Address:

E-MAIL: _____

TEL: _____ FAX: _____

EMERGENCY CONTACT INFORMATION in Taiwan (if applicable):

Name: _____ Relation to you: _____

Address: _____

Phone number (including area code) _____

Training to be provided by:

Medical Specialties

Duration (minimum: 2 weeks)

1. _____ month/day/year

2. _____ month/day/year

3. _____ month/day/year

4. _____ month/day/year

Total period of electives: _ weeks, from ___ to ___

Alternative course(s) if the above specialties are not available:

1. _____ 2. _____

Please specify training goals and specific fields desired to be trained in (in attached pages)

Request for accommodations (NT\$3,400 / month): YES NO

Date of application: _____
month / day / year

Signature: _____

Training Goals

Example

Medical Specialties	
Training goals	
Interested fields	

Medical Specialties	
Training goals	
Interested fields	

Trainee Information

A	Personal Information			
School				
Department / Class	/			
Duration	From (yyyy / mm / dd) to (yyyy / mm / dd)			
Name in Chinese		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name in English				
Birthplace		Blood type		
ID card / passport number		Mobile phone No.		
Date of Birth		Telephone No.		
E -MAIL				
Present address				
Permanent address				
Emergency contacts	Relation to you	Name	Phone number	Address
B	Expectations of the present elective			
C	Past Internship Experience			
D	Personal profile			
Family, hobbies, qualifications, outstanding performance (awards received if any, please specify), etc.				

參訪代訓人員健康查檢表 Visitors /Trainees Health Checklist

姓名(Name): _____

日期(Date): _____

機構(Institute/School) : _____

聯絡人(Contact) _____

檢查項目 Test items	血清抗體檢驗 Serum antibody test		抗體陰性，疫苗接種 (Antibody negative only), Vaccination record	
	日期 Date	檢驗結果 Test Result	劑別 category	日期 Date
5 年內 (in 5 years) 麻疹抗體 (MEASLES_IGG antibody)		<input type="checkbox"/> 陽性 Positive <input type="checkbox"/> 陰性(含臨界值) Negative <input type="checkbox"/> 未檢驗 ^(註2) Untested	第一劑 1st Inj.	
5 年內(in 5 years) 德國麻疹抗體 (RUBELLA_IGG antibody)		<input type="checkbox"/> 陽性 Positive <input type="checkbox"/> 陰性(含臨界值) Negative <input type="checkbox"/> 未檢驗 ^(註2) Untested	第二劑 2nd Inj.	
B 型肝炎表面抗原 (HBsAg)		<input type="checkbox"/> 陽性 Positive <input type="checkbox"/> 陰性(含臨界值) Negative <input type="checkbox"/> 未檢驗 Untested	第一劑 1st Inj.	
B 型肝炎表面抗體 (Anti-HBs)		<input type="checkbox"/> 陽性 Positive <input type="checkbox"/> 陰性(含臨界值) Negative <input type="checkbox"/> 未檢驗 Untested	第二劑 2nd Inj.	
			第三劑 3rd Inj.	
檢查項目 Test items	日期 Date	檢驗結果 Test Result		
一年內胸部 X 光無傳染病疑慮之報告 Chest X-ray Report of no infectious diseases within one year				
外國醫事人員進修期間3個月以上未逾6個月須檢附梅毒血清(RPR) RPR report (for training period 3 - 6 months only)				

備註 Note:

- 代訓或參訪人員若抗體陰性至少需完成一劑疫苗接種。
- Visitors/Trainees need to complete at least one dose of vaccination if the antibody is negative.
- 麻疹或德國麻疹抗體，只要一個為陰性或未檢驗，須檢附二劑 MMR 疫苗接種紀錄，最後一劑距今<15 年。
- If the antibody of either MEASLES_IGG or RUBELLA_IGG is negative or untested, a record of two injections of MMR vaccination should be provided, with the last injection performed within 15 years.
- 本身若為 B 型肝炎帶原者，需注意避開危險環境，例如針扎及血體液暴觸。
- Those trainees who are HBsAg carriers should be cautious and avoid dangers in the environment such as needle stick injuries and blood/body fluid exposure.
- 機構需確認內容無誤並核章，內容若有不實，機構需自行負責。
- The referring institute should signify and be responsible that the contents of the checklist are true and correct.

送訓機構確認章
Referring Institute
(Seal)