

Taichung Veterans General Hospital

Information on Clinical Electives for International Medical Students

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.

Qualifications

1. Students in the highest class in a medical school
2. No infectious diseases

Documents required

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

Applications must be submitted by email at least 2 months prior to the desired training date and the result will be informed one month after the application is received.

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 report to.

Documents required on the start day

1. Photo copies of health examination reports for hepatitis B and C (antibody and antigen) and chest X-ray report (issued within 3 months)
2. A receipt for accident insurance with a coverage of at least NT\$ 1 million)
3. A receipt for trainee fee (US\$75 / week) paid to the hospital in NT dollars.
4. Two one inch photos
5. Documents required above

The applicant needs to prepare a white gown to be worn during the training period (it can be bought after arrival).

After training, a certificate for elective training will be provided.

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

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超過 2 個月

申請資格：

1. 當地醫學院最高年級學生
2. 無傳染病

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 2 個月前以 e-mail 方式提交上述申請文件，報到當天再繳交紙本申請文件，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。

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、C 肝及實習日開始前 3 個月內胸部 X 光報告)
2. 自行投保 100 萬台幣(約 3.5 萬美金)意外險之保險收據。
3. 見習費收據(一週 75 美金，以台幣繳交給醫院)
4. 一吋照片 2 張
5. 上述申請所需文件

醫師袍請自行準備或抵台後購買

見習課程結束後將提供見習證明

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

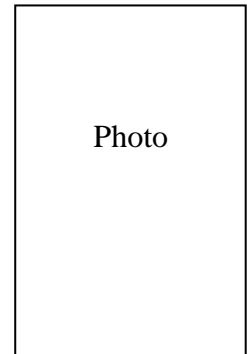
Taichung Veterans General Hospital

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\$750 / month): YES NO

Date of application: _____ Signature: _____
month / day / year

Training Goals

Example

Medical Specialties	Chest Medicine
Training goals	<ol style="list-style-type: none">1. Skills in history-taking, case presentation, and physical examination2. In-depth knowledge in diagnosis and treatment of chest diseases3. Correctly reading x-ray films, CT scans, pulmonary function test findings4. Application of knowledge in physiology and pathophysiology in clinical practice
Interested fields	<ol style="list-style-type: none">1. obstructive lung disease2. diffuse interstitial lung disease3. pulmonary vascular disease4. acute lung failure / injury5. pulmonary malignancy6. pulmonary infections7. bronchoscopy, thoracentesis, needle biopsy, chest tube placement

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		photo
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.					

