



# 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	
Allergies and Medical History	
Mailing Address	
Country	
State/Province	
City	
Street	
Postal Code	
Passport Information	
Passport Number	
Nationality	

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

## Study Plan

For best training outcomes, please be as specific as possible in the intended training subject topics. TIHTC will arrange relevant trainers to best match your study plan

# Application

## How to Apply

• Step 1	Visit TIHTC website <a href="http://www.ptph.gov.tw/tihtc">http://www.ptph.gov.tw/tihtc</a>
• Step 2	Use Online Application to fill the application form
• Step 3	Provide required application materials: <ol style="list-style-type: none"> <li>1. application form</li> <li>2. statement of purpose</li> <li>3. supporting documents</li> <li>4. make a self-introduction video (3-5minutes) or provide language certificate in English</li> </ol>
• Step 4	Send statement of purpose and supporting documents to <a href="mailto:imtcimtc@yahoo.com.tw">imtcimtc@yahoo.com.tw</a>

## Statement of Purpose

Please write a short essay in 500-600 words, in English, and answer 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 special topic or areas of interest.
- (5) What do you expect to gain from this course?

## Supporting Document

- (1) A photocopy of your passport's personal information page, showing clearly your name, date with birth, passport number, issue date and expiration date
- (2) One passport-sized photo (3.5cm X4.5 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 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