

Taipei Medical University Exchange/Medical Elective Programs

Application for Admission

Notice

- 1. Applicants need to be a current student or a graduate from another university or an equivalent institute in another country (Undergraduate students who are in the 5th year and above; in the 6th or the 7th year medical programs or the 3rd year and above of post-baccalaureate programs; other majors in the two final years of graduate studies).
- 2. All submitted materials must be presented in English or in Chinese.
- 3. Available Programs:
 - Course program and
 - Medical elective program are provided for foreign applicants to apply.
- 4. Applicants must be able to communicate in Chinese or English.
- 5. Applicants need to provide health record, immunization record within the last three months prior to arrival, it has to be done within these three months; in addition, proof of personal health/accident insurance with overseas coverage or proof of national health insurance is required.
- 6. Housing may be arranged upon request but is subject to availability; fees may apply and are to be discussed case by case.
- 7. Applicants who apply for course program are "Program Students" (PS), while applicants who apply for medical elective program at TMU's affiliated hospitals are "Medical Elective Students" (MS) in the following description.
- 8. For safety reasons, PS and MS are strictly prohibited from making any clinical decisions or physician behavior; including inquiring or touching the patient, diagnosis or giving advices on any medical issues during the program span even if the applicant holds a medical doctor license in a foreign country.
- 9. The MS has to choose from TMU affiliated hospitals for apprenticeship. Details about Taipei Medical University Hospital (TMUH), Wan Fang Hospital (WFH), and Shuang Ho Hospital (SHH) can be found from their web sites:

TMUH: http://www.tmuh.org.tw/english/aboutTMUH.aspx
WFH: http://www.taiwanhealthcare.com/english/index.aspx

SHH: http://shh.tmu.edu.tw/en_default.aspx



Materials Required for Application

- 1. Application form
- 2. Copy of valid student ID or working badge (copy both sides if necessary)
- 3. Official transcript
- 4. Proposal for studying or apprenticeship describing goals and objectives (2-3 pages)
- 5. For the **PS**, one recommendation letter from a professor who is familiar with the applicant's academic performance; for the **MS**, one recommendation letter from the Dean of the Medical School or the head of the department which the applicant belongs to at the hospital
- 6. Curriculum Vitae
- 7. Copy of valid passport

Submit above documents to the Admission Office by E-mail (les@tmu.edu.tw). Applicants are responsible for ensuring the documents to be delivered to TMU in due course.

Fees

- For the PS, the fees vary according to the policy of the applied affiliation.
- For the MS, the training fees are US\$150 per week. Exchange students from the SCOPE/SCORE program or TMU's partner institutions are exempt from the fees.
- The fees are non-refundable after registration.

Deadline

Application materials must reach Admission Office at least three to six months prior to the starting date.

Attendance and absence

PS and MS must attend scheduled courses or meetings. In case of sickness or accident, PS and MS can ask for leave according to the absence policy of the applied affiliation.

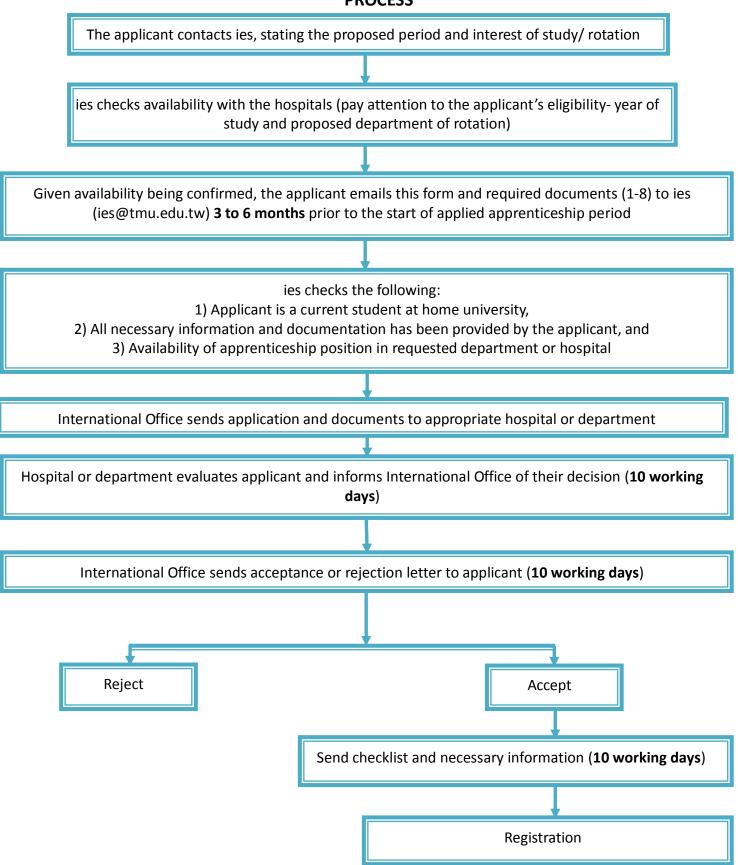
Certification

PS and MS will receive a certificate issued by the university after finishing all study/training courses.

For any questions, please e-mail International Office, International Student Section at ies@tmu.edu.tw or call us at +886-2736-1661 extension 2713/ 2714.



NON-DEGREED MEDICAL ELECTIVE/INTERNSHIP/EXCHANGE PROGRAM APPLICATION PROCESS





經辦人簽名:_____

	Photo
Apply for:	1 11000
☐ Taipei Medical University/visiting and study	
☐ Taipei Medical University Hospital/medical elective	
☐ Wan Fang Hospital/medical elective	
☐ Shuang Ho Hospital /medical elective	
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NON-DEGREED MEDICAL ELECTIVE/INTERNSHIP/EXCHANGE PROGRAM APPLICATION FORM * Please fill out and return the completed application to ies@tmu.edu.tw **Applicant's Information** Last name First name Middle name \square Mr. \square Mrs. \square Ms. Nationality Place of birth Date of birth (yyyy/mm/dd) **Passport No** E-mail address Home address **Contact Person in Home Country** Full name _____ **Current College / University or Affiliation** Major Partner Institution __ □Yes □No Degree Program Undergraduate Master PhD Current Year Period (yyyy/mm to yyyy/mm) _____ Address Duration of study, research or medical elective From _____/ (yyyy/mm/dd) to _____/ (yyyy/mm/dd) Chinese and English language proficiency, put "X" in the proper block 中英文語言程度 Listening Reading Speaking Writing Ability Chinese English Chinese English Chinese English Chinese English Good Average Poor — — — — — — — — — [Medical elective applicants only] — — — — — Intended courses/ department, in order of preference 1. ______ 2. _____ 3. _____ 4. _____ * Rotation programs run by week, the student may stay with each department for no more than two weeks. [Program applicants only] _ _ _ _ _ Name of Hosting Department at TMU Name of Supervisor at TMU Applicant's signature Date

科部審查意見:□同意 □不同意,原因: _____ 單位主管簽名:

Check List (Applied)

Tick		Documents
	Materials Required When Applying	1) Application form
		Copy of valid student ID or working badge (copy both sides if necessary)
		3) Official transcript
		4) Proposal for studying or clerkship
		(Please describe the goals and objectives)
		5) One Recommendation letter from the head of applicant's department
		6) Curriculum Vitae
		7) Copy of valid passport
		8) One 1" photo for badge when check-in in hospital
		9) Proof of insurance
after receiving	Materials Required after receiving the acceptance letter	10) Current immunization record (For applicants who apply for hospital clerkships, it has to be done within the last three months before arrival)
		11) Health record (For applicants who apply for hospital clerkships, it has to be done within the last three months before arrival)
		12) Flight details (Please provide them before your arrival)

Note:

- 1. A complete application must include this checklist and all documents listed above, please submit your application while all documents are collected completely.
- 2. Tick the items you have submitted.
- 3. Please e-mail above documents along with application form to ies@tmu.edu.tw
- 4. No application documents will be returned regardless of application outcome.

Student Data Privacy Statement

To: TMU Prospective International Students and Parents From: TMU International Office

Various TMU offices collect personal information starting from the time of students' applications. We would like you to know how we use student information. Your signing this document indicates that you have read this and that you understand how data will be used. For students under the age of 20, a parents or guardian must sign this notification.

- 1. Purposes of data collection
 - (1) Admission review process (name, date of birth, gender, contact information, passport, past academic records, working experience, etc.)
 - (2) Registration process (physical exam, immunization record, evaluation form, scholarship, etc.)
 - (3) Statistics and research analysis
- 2. Classifications of personal information
 - (1) For identifying individuals
 - (2) For financial management purposes
 - (3) As required for reports to government
 - (4) Information about various descriptive characteristics
 - (5) Family
 - (6) Education, examinations, skills or other professional information
 - (7) Health and other decisions, administrative sanctions
- 3. Use of personal information
 - (1) During the period that students attend TIMU and its affiliated hospitals, TIMU will use their personal information in areas where TIMU maintains operations (including but not limited to Taiwan). We will use personal information for the purposes described above, and will transfer this information to a third party when this is necessary.
- 4. You may exercise the following rights by contacting the International Office.
 - (1) You may ask about and request a review of student personal information.
 - (2) You may make copies of this personal information.
 - (3) You may request to supplement or correct the personal information.
 - (4) You may request that TMU discontinue collection, processing or use of specified personal information.
 - (5) You may request that TMU delete specified personal information.

I have read and understand the statement above.		
Signature:	Date:	
Student		
Signature:	Date:	
Parents of guardian (if student is under age 20)		