**國外醫學相關學系學生來院見習申請表
(Appliction For Clinical Training)**

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| 人員姓名(Name) |  | 人員類別(Position) | □醫學生(Medical Student)□護生(Nursing Student)□其他(other) \_\_\_\_\_\_\_\_ |
| 國籍(Nationality) |  | 出生日期(Date of Birth) | YYYY/MM/DD |
| 性別(Gender ) | □男(Male) □女(Female) | 年級(Year of Degree) | Year of Degree / Duration of Years |
| 就讀學校(Current School) |  | 護照號碼(Passport Number) |  |
| 電子信箱(Email Address) |  | 語言能力(Language) |  |
| 見習期間(Training Date) | 自(yyyy)年(mm)月(dd)日至(yyyy)年(mm)月(dd)日止 |
| 檢附文件(Documents) | [ ] 見習計劃(請自己擬定學習目標) (Rotation Training plan)[ ] 個人履歷 (Personal Curriculum Vitae)[ ] 個人在學證明 (Enrollment certification)[ ] 在學成績單 (Achievement report) | [ ] 個人護照 (Photocopy of passport)[ ] 機構推薦信 (Letter of recommendation)[ ] 外國臨床進修保密切結書 (Non-disclosure Agreement) |
| After the application is approved□體檢報告啟訓日3個月內之「胸部 X 光肺結核檢查、梅毒血清檢查、麻疹及德國麻疹」、啟訓日6個月內 B、C 型肝炎」檢查（驗）合格報告，若未具 B 型肝炎、麻疹及德國麻疹抗體者必須檢附疫苗施打紀錄(有接種禁忌者，提供暫不適宜預防接種證明)("Chest X-ray tuberculosis examination, syphilis serum examination, measles and rubella" within 3 months of the training date,Qualified report of inspection (inspection) of Hepatitis B and C within 6 months from the training date,If you do not have hepatitis B, measles and rubella antibodies, you must attach the vaccination records (if you have vaccination contraindications, please provide proof of temporary inappropriate vaccination)) |
| 其他申請事項(Other application) | [ ] 單身宿舍(四人房)(Single dormitory) |