

Information on Clinical Electives for Foreign Medical Students

*** Please read carefully before filling out the application form**

Kaohsiung Veterans General Hospital (KSVGH) offers clinical electives for foreign medical students. In order to be eligible for a limited number of clinical clerkship positions, the following requirements must be met:

- (1) Students **MUST** be in good academic standing in their own medical school.
- (2) Students **MUST** have completed and passed courses in medical school regarding the department they wish to apply to.
- (3) Good command of Mandarin or Taiwanese, especially speaking and comprehension, is preferred, although not essential.

How TO APPLY:

Documents required: (English edition is required if the originals are in other forms of language)

1. A completed application form
2. Copy of passport
3. Copy of student ID card or any studentship certificate
4. Two letters of recommendation from Dean or faculty of the school
5. Curriculum vitae
6. Performance records or transcript
7. Certificate of Pulmonary Tuberculosis and Hepatitis B status
8. Proof of travel and health insurance.

All documents must be certified as true copies of the originals and be received 3 MONTHS before the beginning of the elective clerkship.

Course fee and Insurance

Each student should pay US\$300 per month when he/she reports to the Department of Medical Education, KSVGH. A minimum fee of US\$200 will be implemented even if the total period of electives is less than 2 weeks. The fee is not refundable if the student subsequently

shortens or withdraws the courses. No subsidy or stipend is available from KSVGH or its affiliated hospital for the student's stay in Kaohsiung. In addition, the student is responsible for covering his/her own health insurance. Malpractice insurance is not required.

NOTE:

Upon receipt of the above documents, the application will be reviewed by chairperson(s) of the respective department(s). When the application is accepted, a letter of acceptance describing all rotation schedules of the clinical electives will be issued. The applicant must respond to our arrangements within one week after receiving the letter of acceptance.

General Information about the KSVGH courses program

- The total term of your clinical electives ranges from 2 weeks to 10 weeks.
- In the application form, please list the desired course(s) and alternatives in case your choice(s) is (are) not available during your elective term. You may also indicate certain subspecialties of your particular interest.
- The term for clinical electives is preferred to be during our regular semesters:
 - (1) From mid September to mid January
 - (2) From late February to mid June

Certificate, Credit and Evaluation:

The hospital gives no credit to foreign students. If requested, certification will be available upon the completion of the elective training, and the evaluation form handed to the hospital by the school the student is enrolled in will be honestly filled out.

White uniform (coat) must be self-prepared.

Accommodations

Housing:

Rooms are available to foreign applicants to share with 3 or 4 roommates by paying NT\$500 (around US\$25, depending on foreign exchange rate) in cash per month, which must be paid on the first day of entrance. Because of the limited capacity, early reservation (better two

months in advance) is essential.

The household managers serve from 8:00 a.m. to 17:30 p.m. from Monday to Friday. Saturday and Sunday are their off days. If you have booked reservation, please try to arrive and check in the dormitory within office hours, unless there is beforehand notification.

Meal services:

Chinese foods are served in the hospital campus. Discount is offered to students and learners as well, in parallel to the staff.

Financial resources

The hospital provides no financial support for any expenses incurred by the elective courses referred. **The applicants have to find their own resources to back up, for example, living, traveling, and any form of insurance and coverage needed.**

Visa

Applicants should manage themselves to get visa and passport valid to cover the whole length of the study period. The hospital can help upon request but is not under any obligation to assure anything to do with legitimacy, for which the applicants have to take full responsibility.

Other information

Location & transportation: To see the location and transportation of the hospital, please browse the internet of the hospital, <http://www.vghks.gov.tw/English>, under “Traffic information”. The applicant must report to the Department of Medical Research & Education Bldg on the first day of entrance.

Weather: To get information on the weather of Kaohsiung City, or any travel information of the country, please browse the internet of the Tourism Bureau at <http://www.taiwan.net.tw/index.jsp>

For more information please contact:

Mr. Tsai Ming-Zong

Department of Medical Research & Education

Kaohsiung Veterans General Hospital

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R.O.C.

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KAOHSING VETERANS GENERAL HOSPITAL

Medical Clerkship Registration Application

Please complete this application in **BLACK INK** using **CAPITAL LETTERS**. Mark the appropriate answer boxes with a **cross (X)**. Submit completed forms to:

Department of Medical Education & Research
Kaohsiung Veterans General Hospital
386, Ta-Chung 1st Rd.
Kaohsiung, Taiwan
R.O.C.

Photo
2 inches

NAME		
Last	First	Middle
Chinese Name (If you have one, please specify)		
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth(mm/dd/yyyy)	Country of Citizenship
Country of Birth	Telephone(home)	Mobile phone
Mailing Address		
Internet (e-mail) address		
Medical School (Years of medical program)		

Address of Medical School
Expected graduation Date(mm/dd/yyyy)

Non-R.O.C. Citizens: What visa do you expect to hold when the training begins?

Student
 Exchange
 Other (Please specify) _____

Proposed clerkship dates from (mm/dd/yyyy) _____ to _____

Please indicate your choices for the training department and duration of stay clearly. Number them preferentially. (1=first choice, 2=second choice, 3=third choice...)

	Department	Days		Department	Days
	Pediatrics			Psychiatry	
	Obstetrics & Gynecology			Family Medicine	
	Otorhinolaryngology			Radiology	
	Ophthalmology			Nuclear Medicine	
	Orthopedic Surgery			Anesthesiology	
	Urology			Rehabilitation Medicine	
	Dermatology			Pathology	
	Neurology			Dentistry	
	Internal Medicine Subspecialty List:				

	Surgery Subspecialty List:				

CERTIFICATE

Will you need our training certificate? Yes No

ACADEMIC INFORMATION (List the schools you have/had attended, beginning with your current school)

Name of School	Location (City, State)	Date (mm/yyyy.)

LIST OF CLERKSHIP EXPERIENCE

Hospital	Department	Duration (mm/dd/yyyy~ mm/dd/yyyy)

What are your career goals?

Why are you interested in the VGHKS Clerkship?

Name: _____

Tel: _____

Address: _____

Signature _____ Date _____