



## **Application Procedure**

### **Application Procedure**

#### **Please prepare the following documentation for your application**

- a. A scanned copy of your passport's personal information page with clear information including your name, date of birth, passport number, and expiration date
- b. A passport-sized photo (scanned copy)
- c. Resume or curriculum vitae
- d. One or more letters of recommendation
- e. A scanned copy of diploma or degree relevant to the field
- f. (optional) Copies of any other licenses, certifications or awards relevant to the program you are applying
- g. (optional) Valid English proficiency certification or a self-introductory video in English

**Submit application and supporting documents merged into one PDF file to [tihtc2002@gmail.com](mailto:tihtc2002@gmail.com) with the subject line writing 2020 Project Training Application\_(your full name)**  
eg. 2020 Project Training Application \_John Smith\*

#### **Application review process**

TIHTC will collect and confirm that all application documentation are received and in order. Applications will be forwarded to MOHW for official review, and TIHTC will update you of the application status accordingly.

Note: we encourage applicants to apply as early as possible and make sure all documentation is in order before submission



## 2020 TIHTC Application Form

### ● How did you know about TIHTC?

- ☐ Social Media (E.g., Facebook, YouTube, Twitter)
- ☐ TIHTC Official Website
- ☐ Government Embassy
- ☐ TIHTC Alumni
- ☐ Medical Institution in your Country
- ☐ Medical Institution in Taiwan
- ☐ Other: \_\_\_\_\_

### ● Who recommended you to join TIHTC's training program?

- ☐ Government Embassy
- ☐ Friend or Colleague
- ☐ TIHTC Partner Institution
- ☐ TIHTC Alumni
- ☐ None of the Above
- ☐ Other: \_\_\_\_\_

### ● Which Project training program are you applying?

- ☐ Acupuncture & Traditional Medicine
- ☐ Emergency Care & Burn Injuries Management
- ☐ Healthcare Management & National Health Insurance

\*You can only choose one program from the three



# 2020 TIHTC Application Form

## Occupation

Current Institution

- ☐ Government / Official  
☐ Private

Describe Your Institution

Institution Type

- ☐ Medical Institution  
☐ Government Health Agencies  
☐ Academic Institution  
☐ Non-Governmental Organization  
☐ Other: \_\_\_\_\_

Department/Section

Current Position

Other Concurrent Positions

- |   |   |
|---|---|
| <input type="checkbox"/> Physician            | <input type="checkbox"/> Hospital Administrator |
| <input type="checkbox"/> Nurse                | <input type="checkbox"/> Government Official    |
| <input type="checkbox"/> Professor / Lecturer | <input type="checkbox"/> Medical Technician     |

Describe Your Duties & Responsibilities

\*no more than 150 words

## Language Ability

English

- ☐ None ☐ Basic ☐ Intermediate ☐ Fluent



# 2020 TIHTC Application Form

## Education

\*Highest Education Attained

Institution

Country

Major

Year Attained

## Postal Address

Postal Code

Street

City

State / Province

Country

## Contact Information - Head of the Department / Section

Name

Position / Department

Phone

Email





## 2020 TIHTC Application Form

### Statement of Purpose

\*Please answer the following questions in English of 500-600 words for each question

1. Why do you want to participate in this program?  
What do you expect to gain from this program?

2. Please describe the current healthcare system in your country.

3. What are some of the current medical challenges in your country?

4. How can this program aid you in contributing to the healthcare of your country?

### Note

- TIHTC and MOHW reserve the right to change the course contents and admission without notice