



APPLICATION

APPLICATION PROCEDURE

Step 1 Please prepare the following documentation for your application

A. Supporting Documents

1. A scanned copy of your passport / ID with clear information including your name, date of birth, passport number / ID number, and expiration date
2. A passport-sized photo (scanned copy)
3. Resume or curriculum vitae
4. One or more letters of recommendation dedicated to the program you apply for
5. A scanned copy of diploma or degree relevant to the field of medicine
6. Copies of any other licenses, certifications or awards relevant to the program you are applying

Additional Documents Required for Clinical Training

7. A scanned copy of medical license
8. Proof of work experience in medical related fields for more than one year that is issued within 6 months prior to the application date (Chinese or English translated versions accepted).
9. Health report
 - a. Chest X-ray for pulmonary tuberculosis
 - b. Hepatitis B status
 - c. Serological test for syphilis
 - d. Certificate or proof of positive measles antibody or measles vaccination
 - e. Certificate or proof of positive rubella antibody or rubella vaccination

*Health report should be made no earlier than 3 months by the intended starting date of the training

B. Valid English Certificate

Valid English proficiency certification or a self-introductory video in English (3-5 minutes)

Step 2 Complete the online 2021 TIHTC application form and upload all the required documentation



Step 3 Application review process

TIHTC will collect and confirm that all required application documentations are received and in order. Applications will be forwarded to the MOHW for official review, and TIHTC will update you of the application status accordingly. Applications with incomplete documents will not be viewed nor accepted.

*Since your application will be forwarded and checked by TIHTC, training hospitals, and the MOHW, the process would take some time. We encourage applicants to apply as early as possible and make sure all documentation is in order before submission. We appreciate your patience and understanding.

Step 4 Application results

Upon receiving final results of your application from the MOHW, TIHTC will notify applicants via email accordingly.

*The MOHW, TIHTC and the training hospitals may require other documents for review



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1. How did you know about TIHTC?

- TIHTC Alumni
- Social Media (e.g. Facebook, YouTube, Twitter, LinkedIn)
- TIHTC Official Website
- Government Embassy
- Ministry of Health or Department of Health in Your Country
- Medical / Academic Institution in Your Country
- Medical / Academic Institution in Taiwan
- Other: _____

2. Who recommended you to join TIHTC's training?

- TIHTC Alumni
- Government Embassy
- Ministry of Health or Department of Health in Your Country
- Medical / Academic Institution in Your Country
- Medical / Academic Institution in Taiwan
- Other: _____

3. Which training are you applying for?

- Clinical Training

Department: _____

Intended Training Duration (Starting and Ending Date): _____

*Due to the COVID-19 pandemic, the MOHW only accepts applications of clinical training for longer than 3 months. The condition is subject to MOHW regulations.

- Online Project Training (choose only one)
 - Healthcare Management & National Health Insurance
 - Emergency Care & Burn Injuries Management
 - Digital Health



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Basic Information

*Please fill out the form with the first letter of the first word capitalized

First Name	
Middle Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Email	
<small>*Please confirm that this email is a valid email address as TIHTC will contact and update your application status via this email</small>	
Gmail Address	
<small>*For applicants of online project training programs, please provide an email address ending with @gmail.com for course registration</small>	
Mobile Phone	
<small>*Please provide the country code first e.g. 886-2-2276-5566</small>	
Facebook ID	
LINE ID	
WhatsApp	
Religion	
Dietary Restriction	
Medical History & Allergies	

Personal Identification

Nationality	
Passport No. / ID No.	
Passport Expiration Date	
<small>*Optional</small>	



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Occupation

Current Institution		
Institution Category	<input type="checkbox"/> Governmental / Official <input type="checkbox"/> Private	
Describe Your Institution		
Institution Type	<input type="checkbox"/> Medical Institution <input type="checkbox"/> Government Health Agencies <input type="checkbox"/> Academic Institution <input type="checkbox"/> Non-Governmental Organization <input type="checkbox"/> 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 <input type="checkbox"/> None	
Describe Your Duties & Responsibilities *No more than 150 words		

Language Ability

English	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Chinese	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent
Other Languages	



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Education

*Highest education attained

Institution	
Country	
Major	
Year Attained	

Postal Address

Postal Code	
Street	
City	
State / Province	
Country	

Contact Information

(1) Head of Your Department / Section

Name	
Position / Department	
Phone	
Email	

(2) Emergency Contact Person

Name	
Relationship	
Phone	
Email	



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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?
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?
5. What do you expect to gain from this program?

Study Plan

*For clinical training applicants only

For achieving the desired training outcomes, please be as specific as possible in the intended training topics

Department	Subject	Topics	Duration
e.g. Pulmonary Medicine	Chronic Respiratory	Bronchial Asthma	2 weeks
		COPD	1 week



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Clinical Training Agreement

The clinical training you are applying is subject to the following guidelines by the MOHW. Please read it in full and check the box to confirm your agreeance.

Application Guidelines for Teaching Hospitals Accepting Foreign Medical Personnel for Clinical Training and Teaching

MOHW Announcement No.1071661004 on March 7th, 2018

MOHW Announcement No.1071663551 Amendment on June 8th, 2018

MOHW Announcement No.1101660751 Amendment on February 22nd, 2021

- A** The Ministry of Health and Welfare (hereinafter referred to as the Ministry), for the purposes of enhancing international cooperation, promoting medical communication and ensuring patient safety, as well as enabling foreign medical personnel to engage in clinical training or clinical teaching in Taiwan's hospitals. The guideline serves as the basis for the application of visas at the Taiwan embassies, representative offices, offices, or any other agencies authorized by the Ministry of Foreign Affairs.
- B** The "foreign medical personnel" referred in these points are foreigners who have obtained the qualifications of foreign medical personnel.
- C** Hospitals receiving foreign medical personnel for clinical training should be an accredited hospital for such clinical training (hereinafter referred to as teaching hospitals). The name, nationality, and below documentation are required to be submitted for approval by the Ministry at least one month before the date of training (for those whose training is over three months, then the application should be submitted three months before the date of training):
- A photocopy of passport or other identification documents.
 - A photocopy of foreign medical personnel certificate, medical specialist certificate or other qualification certificates (Chinese or English translated versions accepted).
 - Proof of work experience in medical related fields for more than one year that is issued within 6 months prior to the application date (Chinese or English translated versions accepted).
 - The clinical training plan content should include the purpose of clinical training, date, division, medical instructor, and clinical training program.
 - Those with training period longer than three months should submit health examination reports, such as chest X-ray for pulmonary tuberculosis, serological test for syphilis, proof of positive measles and rubella antibody or measles and rubella vaccination.



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- D** The duration for foreign medical personnel receiving training at the teaching hospital is limited to two years. However, with clear reasons and attaching a plan for changing the clinical training, those who applied and permitted by the Ministry may extend their clinical training for a period not exceeding two years.
- E** For the teaching hospitals accepting foreign medical personnel for clinical training, if clinical practice is involved, medical personnel of that training category should be assigned with an on-site instructor. Trainees is not allowed to perform invasive medical practices independently. Furthermore, those who are not engaged in clinical training for longer than three months may not perform clinical practice training.
- F** The Ministry may approve, partially approve or deny applications submitted by the teaching hospitals in consideration of the hospital training capacity, medical personnel category, number of applicants, and training project period.
- G** Teaching hospitals organizing clinical training for foreign medical personnel and clinical teaching by foreign medical personnel in Taiwan should abide the guidelines stated and relevant medical regulations. Any violation of the provisions or matters that are deems unqualified, the Ministry may terminate its approval at any time and notify the relevant authorities. For hospitals failing to fulfil its management obligations, the Ministry may suspend the acceptance of its related applications until the improvements are implemented.

I have read the terms and conditions in full and hereby agree to follow Application Guidelines for Teaching Hospitals Accepting Foreign Medical Personnel for Clinical Training and Teaching by the MOHW during my period of stay in Taiwan. Violations of these rules will result in consequences appropriated via the MOHW and TIHTC.