

中華民國醫用超音波學會 函

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立案證書：內政部(73)台內社字第 241598 號

發文日期：中華民國一〇三年十二月二十九日

發文字號：(103)超會字第 065 號

附 件：如說明

主旨：推薦本會會員前往日本參與醫學用超音波之共同研究訓練。

說明：日本超音波學會每年提供三個名額給亞洲超音波學會會員國之會員前往日本參與醫學用超音波之共同研究訓練；歡迎 貴院推薦適當人選，並將相關資料寄來本會，此資料將經本會審核委員評選後，向日本超音波學會推薦。

待遇： 一、受訓六個月。
二、提供至1,200,000.00(in Japanese Yen)生活費。

條件： 一、本會會員。
二、依本會第七屆第四次理監事會議決議：以Original Article第一作者投稿本會雜誌 Journal of Medical Ultrasound，並被接受發表者，將優先考慮。
三、年齡於 2016年4月1日 以前不超過40歲之主治醫師或住院醫師。

申請時請附下列證件：

一、申請書一份。
二、其他相關文件。

備註：一、詳細電子文件請至學會網站 <http://www.sumroc.org.tw>，或日本超音波學會網站 <http://www.jsum.or.jp/jsum-e/fellowship/2015/index.html> 點閱。
二、相關資料請於104年5月31日以前寄至本會(以郵戳為憑)。

理事長 李國剛

收文

2015-01-05

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Ability of Japanese or English language

a. Do you have any ability to communicate in the Japanese language? (Check One) Yes / No

If yes, how do you evaluate your Japanese language skill?

Elementary / Intermediate / Advanced

Please attach a copy of official proof or certificate (if you have any) at the end of this application form to support your Japanese language evaluation.

b. Do you have an ability to communicate in the English language? (Check One) Yes / No

If yes, how do you evaluate your English proficiency?

Intermediate, or below / Advanced / Fluent

Please attach a copy of official proof or certificate (if you have any) at the end of this application form to support your English language evaluation.

Area of Specialization

Desired Fellowship Status (Check One)

Research / Training

Would you like to apply for Advanced Clinical Training (Check One) Yes / No

(Please refer to the end of this form for details)

Name of Physician in Charge of the Institutional Department in Japan (Must Have FJSUM, SJSUM, or EJSUM Certification) (You can find them at <http://www.jsum.or.jp>)

Period of Proposed Research or Training

/ /
(Year/Month/Day)

Through

/ /
(Year/Month/Day)

Itinerary after Completion of Research or Training

Remarks

Portrait Photograph

Free description (About the motive that applied for this training)

※If there is the letter of recommendation of the boss of the facilities where you belong to, please submit.

Publication List, Including English Translation When Necessary (10 major papers)

*Example

No.	Authors & Title of the article	Name of Journal Vol No: Page, Year
1	Kudo M, Izumi N, Kokudo N, et al: Management of hepatocellular carcinoma in Japan: Consensus-based clinical practice guideline proposed by the Japan Society of Hepatology (JSH) 2010 updated version.	Digest Dis 29: 339-364, 2011.

No.	Authors & Title of the article	Name of Journal Vol No: Page, Year
1		
2		
3		
4		
5		
6		
7		
8		
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10		

Presentation List, Including English Translation When Necessary (10 major papers)

*Example

No.	Authors & Title of the presentation	Name of the congress, Date, Year, City, Country
1	Hatanaka K, Minami Y, Kudo M: Contrast enhanced sonography for hepatic malignancies: Value of defect re-injection test.	The 8th Congress Asian Federation of Societies for Ultrasound in Medicine and Biology (AFSUMB), November 12-16, 2007, Bangkok, Thailand.

No.	Authors & Title of the presentation	Name of the congress, Date, Year, City, Country
1		
2		
3		
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10		

Pledge

I hereby pledge that, should I be granted a JSUM Fellowship, I will conduct myself as follows:

During the period of research or training, I will obey Japanese laws, cooperate with instructors and related personnel, and make every effort to achieve the objectives of the fellowship.

On completion of my research or training, I will submit a related report to the office of JSUM at my earliest convenience.

Immediately on completion of my research or training, I will leave Japan and return to my home country, where I will contribute to the general improvement of medical ultrasound.

Full name (Printed) :

(Signature) :

Date: / /

(Year/Month/Day)

Certification Form of Membership Status

To President of JSUM

Date of Issue: / /
(Year/Month/Day)

Applicant's Name:

Nationality:

Date of Birth:

Age:

I hereby certify that the abovementioned person is a member of our society,
which is affiliated with AFSUMB.

Full name (Printed) :

(Signature) :

Position (President • Secretary) (circle one)

Name of AFSUMB Affiliated Society:

Confirmation Letter of Provisional Acceptance

To President of JSUM

Date of Issue: / /
(Year/Month/Day)

Applicant's Name:

Nationality:

Date of Birth:

Age:

I shall be delighted to accept the abovementioned person at my department as a JSUM Fellowship training / research doctor, if the JSUM accepts him or her.

Japanese supervisor

Full name (Printed) :

(Signature) :

Institute:

Foreign medical doctors can perform medical practice (Advanced Clinical Training) in Japan if applicants submit the necessary documents to the Japanese government (Ministry of Health, Labour and Welfare) according to the Japanese Law concerning the Exceptional Cases of the Medical Practitioner's Act, Article 17.

Please note that the application procedure by the Japanese government (Ministry of Health, Labour and Welfare) usually takes a couple of months and the application must be started after your arrival.

Documents required for Advanced Clinical Training application are as follows

1. Application for permit for Advanced Clinical Training.
2. The original and one photocopy of your passport, certificate of alien registration, or certificate of voyage
3. Documents which certify that the applicant will return to his/her country, issued by a public agency of the home country
4. The original and one photocopy of your medical practitioners license
5. Documentation providing at least three years' clinical experience
6. Certificate of proficiency in Japanese or English
 - * Scores of TOEFL or TOEIC is preferable
 - Required scores of TOEFL is 510 and above(PBT)
 - Required scores of TOEIC is 615 and above
7. A medical certificate issued by a medical doctor
8. Certificate from the home country proving the applicant's eligibility for the program in advanced clinical training
9. Statement certifying that the applicant is not ineligible to pursue advanced clinical training in Japan
10. Documentation regarding program of advanced clinical training and written consent
11. Two photographs (full-faced without a hat, 3 cm x 2 cm, taken not more than six months prior to the date of application)

* The applicants have to prepare the documents of No 1,2,7,9,10 after you arrive at JAPAN.