

TEINE KEIJINKAI HOSPITAL

ELECTIVE APPLICATION FORM

*Please download and complete this form in black ink type.
Applications should be marked "Elective Application" and sent to:
Teine Keijinkai Hospital, 1-12-1-40 Maeda, Teine-ku,
Sapporo, Hokkaido, Japan 006-0811*

General Information

Title: Mr./Miss/Ms./Mrs./Dr./Other : _____ Gender: Male / Female

Family name: _____ Middle name: _____

First name: _____

Date of Birth (DD/MM/YYYY): ____/____/____

Nationality: _____

Address for correspondence: _____

Tel. no.: () _____ Fax no. : () _____

E-mail: _____ Passport no.: _____

Medical Education

Name of Medical School: _____

Address of Medical School: _____

Date (MM/YY) of entry : ____/____ Date (MM/YY) of graduation : ____/____

At the time of Elective, I will be a ____ year student in a ____ year program.

Check courses you will have completed by start of program:

Anatomy Biochemistry Pharmacology Physiology Microbiology Pathology
Internal Medicine Surgery Pediatrics OBGYN Clinical Skills

Other (specify) _____

Medical Education Background and Degrees obtained:

Current Employment (if applicable)

Job Title: _____

Name of Hospital/Company: _____

Address: _____

Date (MM/YY) of employment : _____ / _____

Personal Information

Work experience:

Volunteering experience:

Extracurricular activities:

Membership in Honorary/Professional Societies:

Honors / Awards / Prizes / Accomplishments:

Publications:

Languages spoken: _____

Japanese: Read/ Speak/ Write Certifications: _____

English: Read/ Speak/ Write Certifications: _____

Hobbies / Interests:

Visions / Areas of interests:

Electives:

No. of electives subjects: _____ Dates : _____ / _____ / _____ ~ _____ / _____ / _____

Preference of elective subjects:

1. _____ no. of weeks: _____
2. _____ no. of weeks: _____
3. _____ no. of weeks: _____
4. _____ no. of weeks: _____

Reference

Name of referee: _____

Title of referee: _____

Name of Institution: _____

Relationship with applicant : _____

Certification

I hereby certify that the information contained within my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for the elective position.

Signature _____ Date _____