**연수지원서 및 계획서 (Application for KAP Clinical Traineeship**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 국적 (Nationality) | |  | | | |
| 소속 (Affiliation) | |  | | | |
| 성 (Family name) |  | | 이름 (First name) | |  |
| 성별 (Gender) | Female / Male | | 생년월일 (Date of birth) | |  |
| 주소 (Address) |  | | | | |
| 지원 기관 (Traineeship institution) | | 대학/병원  (University/hospital) | |  | |
| 분과 (Department) | |  | |
| 연수 기간 (Training period) | | . . . (year/month/day) ~ . . . (year/month/day) | | | |
| 연수계획 및 세부내용 (Training subjects & details) | | - Can contain activities, such as clinical observation, research/clinical training, and so forth, which the applicant anticipates participating in.  - No more than 300 words. | | | |

|  |
| --- |
|  |

Applicant’s name:

|  |
| --- |
|  |

Signature:

|  |
| --- |
|  |

Date:

※ A curriculum vitae should be submitted along with the application. The curriculum vitae must include a photograph of the applicant and details on the applicant’s education and work experience.