

**SMC ADULT ECMO TRAINING PROGRAM**

**Note**: Please fill up the form and submit it to an International Training Office at ‘shedu.kwak[@samsung.com](mailto:ominique.cho@samsung.com)’.

Contact Info.: <Tel:82-2-3410-2453>, Fax:82-2-3410-3096, Mail: International Training Office, Samsung Medical Center, 81, Irwon-Ro, Gangnam-Gu, Seoul, 06351, Korea

※ An application form must be **TYPED, NOT HANDWRITTEN**.

**I. Application Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** : □Mr □Ms | First Name: |  | |
| Middle Name(if any): |  | |
| Last Name:  (Family Name) |  | |
| **※Please, make sure to write your name as it is shown in your passport**  Photo  (35X45mm) | | |
| **Degree (for Certificate)** | □ MD | □ PHD | Others\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status** | single( ) | married( ) | |
| **Nationality** |  | | |
| **Date of Birth(d/m/y)** |  | | |
| **Specialty/Major** |  | | |
| **Passport No.** |  | | |
| **Present Position** |  | | |
| **Present Organization** |  | | |
| **Contact Information** |  | | |
| Phone : |  | Mobile phone : |  |
| E-mail : |  | | |
| Permanent address : |  | | |

**II. SMC Adult ECMO Training Program (3 days course)**

**Planned duration of the training:** From (d/m/y) To (d/m/y)

**III. Education (please list chronologically)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date (From ~ To) | School / College / University | Major | Diploma or Degree |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |

**IV. Professional Experiences (please list chronologically)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date (From ~ To) | Organization | Position | Type of Work |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |
| 20 . . . ~ 20 . . . |  |  |  |

**V. Proficiency in foreign languages (Please tick the appropriate box)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | Remark |
| 1. English |  |  |  |  |  |
| Test |  | | Score |  |
| 2. Korean (∨ check) |  |  |  |  |  |
| Other( ) (∨ check) |  |  |  |  |  |

**VI. Accommodation**

**If you want to stay at SMC Guest House\*, check (□ Yes)**

**\* SMC guest house costs 20USD or 20,000KRW/night and should be shared one room with other doctors.**

**VII. Person to be notified in case of emergency**

|  |  |
| --- | --- |
| Name : | |
| Phone : | Mobile phone : |
| E-mail : | |
| Mailing address : | |

Date : Applicant's Signature :