

**SMC Advanced Robotic Surgery Training Program**

**Note**: Please fill up the form and submit it to an International Training Office at ‘shedu.kwak@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 Advanced Robotic Surgery Training Program**

**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 :