



2019 Korean Medicine Training Program



Why?

To provide foreign doctors with an opportunity to learn about Korean medicine and improve their understanding of, and preference for, Korean medicine.

Who?

- ① Licensed doctor with **at least 3 years** of clinical practice
- ② Candidates **must be recommended** by the head of any of the following organizations to be eligible for the program
 - * The government, or public medical related institutions of the trainee's country of residence, The Korean Embassy or public medical related institutions of Korea.
- ③ A person capable of communicating in **Korean or English**
 - * Basic level of English is sufficient to apply if the candidate speaks Russian.

What?

Training Period Oct. 1st ~ Oct. 25th of 2019 (4 weeks)

Sample program



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— **Application for trainees.docx**



76 KB

— **Gudelines for trainees.pdf**



415 KB

Overview of Korean Medicine Training Program

What is Korean Medicine Training Program?

Korean Medicine Training program is a training program provided by the Korea Health Industry Development Institute (KHIDI), where the institute invites medical practitioners from various countries to participate. This program is to provide the trainees with an opportunity to learn about Korean Medicine, as well as improve their understanding of, and preference for, Korean medicine. We look forward to the participation and support of medical practitioners of foreign countries who are interested in the program.

Screening Process

1 st step(Aug 2nd ^h)	✓ Deadline for submitting an Application.
2 nd step (in Aug)	✓ Document Screening
3 rd step (in Aug)	✓ Language Proficiency Screening * 1:1 Video or phone interview will be conducted
4 th step (in Aug)	✓ Matching Evaluation for the selected candidates and hospitals. ✓ Designate of hospital practice depending on specialties
5 th step (in Aug)	✓ Announcement of the final trainees.

* The schedule may be subject to change depending on the circumstances

Documents Submission

All applicants have to submit the documents in English

- ① Application Form
- ② Copy of Medical College Diploma
- ③ Copy of medical license achieved in the applicant's country
- ④ Certificate of employment
- ⑤ Letter of recommendation
- ⑥ Medical Report(taken within the last 6 months)
- ⑦ ID picture(Within the last 6 months)

All the documents should be notarized prior to the submission.

Directions

• Applicants are required to complete the specified application form.

- Applicants are required to complete the application form by given referring to the direction which is indicated in the upper part of each section.
- Applicants are required to check "Agree" in the required sections of the "Korean Medicine Training Program Trainee Consent Form" and the "Consent Form for the Collection, Use, and Disclosure of Personal Information."

* If the applicant refuses to agree to the terms in the required sections, it will not be possible for him/her to apply to the training program.

- **Applicants are required to attach a copy of his/her diploma certificate from medical college, medical license, and certificate(s) of employment and any other documents which may be useful in supporting the statements that he/she has made on the application form.**

* The certificate(s) of employment must be issued by the employed or relevant institution(s).

- **Applicants are required to enclose a letter of recommendation from the head of the relevant institution*.**

* The letter of recommendation may be substituted with an official letter from the employed or relevant institution.

Relevant Organizations

- ✓ The Korean Embassy or the consular office of the trainee's country of residence
- ✓ The government, a public institution or a public medical institution of the trainee's country of residence
- ✓ A medical institution outside Korea
- ✓ A Korean medical institution
- ✓ A related academic society or association

[Reference : Essential Eligibility]

- ① Licensed doctor with **at least 3 years** of clinical practice
- ② Candidates **must be recommended** by the head of any of the following organizations to be eligible for the program

* The Korean Embassy or the consular office of the trainee's country of residence, the government, a public institution or a public medical institution of the trainee's country of residence, a medical institution outside Korea, a Korean medical institution, a related academic society or association in Korea.

- ③ A person capable of communicating in **Korean or English**

* Basic level of English is sufficient to apply if the candidates speak English.

Korean Medicine Training Program Application Form

Type of Program (Please check appropriately)

Korean Medicine Training Program

Personal Details

(Directions) The purpose of the following information is for contacting the applicants only. If you wish to write on hand, please write in printed letters. KHIDI will not take any responsibility for any misread handwriting. Please write telephone number with the country code.

First Name		Last Name		
Gender		Date of Birth		
		Day	Month	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Contact Information(Including Country Code)				
Telephone(Mobile)		E-mail Address		
Current Address				
Passport Information				
(Passport No)				
(Country of Issuance)				
*applicant should hold a passport with a validity date of 1 year(minimum)				
Emergency Contact Person(Including Country Code)				
(Name)				
(Relationship)				
(Telephone Number)				
(Directions) Applicants are required to enclose a certified copy of his/her doctor's license. Failure to do so may result in disqualification.				

History of Education

(Directions) Every applicant is required to enclose a certified copy of his/her doctor's license. Failure to do so may result in disqualification.

Degree (B.A., M.A., PhD, Others)	Specialty	From	To

Medical License

License Number		Specialty
Date of First Issuance	License Expires	Issuing entity

Current Career Record

(Directions) Please specify the name(s) of the hospital(s) where you trained and have practiced medicine. Describe the training course(s) and your practice as a medical doctor. The name of your current workplace (hospital) and your position at the hospital should be clearly state.

Organization	Department
(Name)	
(Type) <input type="checkbox"/> Public <input type="checkbox"/> Private	
Current Position	Employment Duration
	(Total)
	From _____ to present

Previous Career

No	Period(mm/yyyy)		Organization	Department	Position
	From	To			
1					
2					
3					

Previous Participations

Have you previously attended any course(s) sponsored under the programs of Korea or other countries?

Yes(Please specify) No

Educational Institution	Field of Study/Diploma	Location(City/Country)

Preferred Specialties

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Korean Medicine Rehabilitation | <input type="checkbox"/> Korean Medicine Ophthalmology |
| <input type="checkbox"/> Korean Medicine Gynecology | <input type="checkbox"/> Korean Medicine Pediatrics | <input type="checkbox"/> Korean Medicine Psychoneurology |
| <input type="checkbox"/> Korean Medicine Otolaryngology | <input type="checkbox"/> Korean Medicine Dermatology | <input type="checkbox"/> Sasang Constitutional Medicine |
| <input type="checkbox"/> Internal Korean Medicine | <input type="checkbox"/> etc. | |

After checking the preferred specialties above, please Indicate the sub-specialties

①

②

Languages

Language assessment in Korean or English will be conducted prior to selection of trainees.

Preferred Language for the Interview Korean English

Proficiency in preferred language					Remarks
	Excellent	Good	Fair	Basic	
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hangout ID : _____ / We chat ID :

Preferred time to be contacted(applicant's local time) : am_____, pm_____

Preferred time to have test(applicant's local time) : am_____, pm_____

* Language assessment will be carried out via Hangout, Wechat or other methods of interview after document screening.

Please specify your native language if not English _____

Self-Introduction

(Directions) Self-introduction and study plan are taken into consideration in applicant assessment.

1. Briefly introduce yourself including your reason for applying to the Program.(Please describe in detail)

2. Describe any plan or idea with regard to the cooperation between your hospital and the hospitals in

Korea. (Please describe in detail)

3. Briefly describe your study plan. (Please describe in detail)

Korean Medicine Training Program Consent Form

I, the undersigned, as a participant in the Korean Medicine Training Program implemented by the Korea Health Industry Development Institute (KHIDI), hereby undertake to comply with the following:

Applicant's Responsibilities

- The applicant should prepare all the documents required in applying to the Korean Medicine Training Program, and submit them within the specified date.
- The applicant should fully participate in all the procedures related to the trainee selection and the training program.
- The applicant should take responsibility for all and any outcome caused by his/her failure to submit any of the required documents, any false information in his/her submissions, or his/her failure to participate in the training procedures.

Trainee's Responsibilities

- The trainee should fully understand the purpose and goals of the training program, as well as the information provided during the orientation. He/she should also commit himself/herself to the overall process of the training program as per the organizer's instructions.
- The trainee is strictly prohibited from using any tangible or intangible document or file that he/she acquired in the course of the training program for any purpose other than its intended one and provide such file or document to others. He/she is also prohibited from engaging in any action that may damage a relevant training institution or violate any Korean law or any action that is not considered acceptable in Korean society. In case of a violation of these prohibitions, the organizer may remove the trainee from the program and demand a refund for the expenses that it has paid for.
- Under Article 27 (Prohibition against Unlicensed Medical Practices, Etc.) in Section 3 of the Korean Medical Service Act, a trainee may not perform any medical practice during the training period.
* A person without a medical license may not perform medical practices.
- A trainee should stay in Korea for the duration of the training program and return directly to his/her home country after the program's completion. The training period or the period of stay in Korea shall not be extended for the trainee's personal convenience.
- In case of an accident during the training period, the trainee should notify the KHIDI and the training institution without delay.
- In cases where the trainee cannot attend the training program for an unavoidable reason, he/she should notify the training institution to seek its prior approval.
- After completing the program, a trainee should fully cooperate in its follow-up management.

(dd/mm/2019)

Name :

(Signature)

Consent Form for the

Brief Description of Training Program

1. Arrival

- The trainees should be in Korea a day before the orientation.
- KHIDI provides pick-up services at the airport and assistance with hotel reservation during the orientation period.

2. Orientation and Opening Ceremony

- The trainees shall learn Korean (basic/medical terms), Korean healthcare system, Korean culture and medical law before the clinical training.

3. Hospital Training at Korean Medicine Institutions

- Medical institutions provide training customized for the trainees.
- Each trainee is required to prepare and submit a final report and complete a satisfaction survey.
- Visiting professor will be customized based on hospital's proposal

4. Completion Ceremony

- Each participants will receive a completion certificate (given by the president of KHIDI), and one or two trainees will share their review of the training program (selected by KHIDI).
- Certification will be given only to the trainees who have completed the entire program.

5. Departure

- The trainees are required to leave Korea on the day of or at least one day after the program's completion.
- If required by the trainees, KHIDI shall assist them with hotel reservation and drop off service to the airport.

Reference Data

1st Screening(in Aug.)

Document screening
 Assessing the applicants' eligibility
 Selecting Eligible Applicants

2nd Screening(in Aug.)

Language Proficiency Screening for applicants who passed the documents screening

Matching(in Aug.)

Reviewing for Compatibility of trainees and hospitals
 Matching of trainees and hospitals

Result Announcement(in late Aug. ~ early Sep.)

The results will be sent to individual trainees via e-mail

Program Schedule



- * Trainees have to arrive In Korea before starting the program(by Sep. 30th).
- * Trainees are recommended to depart Korea within a day after the completion ceremony.
- * The schedule may be subject to change.

Required Documents

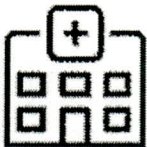
- ① Application form
- ② Copy of diploma certificate of a medical college
- ③ Copy of medical doctor's license of applicant's country
- ④ Copy of certificates of employment or career
- ⑤ Letter of recommendation
- ⑥ Medical check-up report(must be provided prior to entering Korea)
- ⑦ ID picture(Within the last 6 months)

Submission & Contact

Send Via E-mail : koreanmedicine@khidi.or.kr (KHIDI)

- * Along with the required documents listed above.
- * For more information, please contact above the e-mail.
- * The schedule may be subject to change depending on the circumstances.

Program coverage



- ① tuition
- ② housing(dormitory or residence hall)
- ③ living expenses (30,000KRW/day)

- ① and ② will be given to participating hospitals not to individual trainees.
- ③ will be only provided during the hospital training period of 20 days for your meals and transportation.
- The trainees should pay for their flights, visa fees, insurance and any other expenses.

Application Guide

Application Deadline	Number of Trainees
Until Aug 2nd (Friday), 2019	About 00 trainees

Eligibilities

- ① Licensed doctor with **at least 3 years** of clinical practice
- ② Candidates **must be recommended** by the head of any of the following organizations to be eligible for the program.
 - * The Korean Embassy or the consular office of the trainee's country of residence, the government, a public institution or a public medical institution of the trainee's country of residence, a medical institution outside Korea, a Korean medical institution, a related academic society or association in Korea.
- ③ A person capable of communicating in **Korean or English**

language proficiency screening

(Target) Applicants who passed the document screening

(Date) in Aug.

* 15 minutes video or phone call interview will be proceed

* Basic level of English is sufficient to apply if the candidates speak Russian.

Introduction

The Korean Medicine Training Program is a training program provided by the Korea Health Industry Development Institute (KHIDI), where the institute invites medical practitioners from various countries to participate. This program is to provide the trainees with an opportunity to learn about advanced medical knowledge and technology, as well as improve their understanding of, and preference for, Korean medicine. We look forward to the participation and support of medical practitioners of foreign countries who are interested in the program.

Program Overview

Title	2019 Korean Medicine Training Program
Period	From Oct. 1st 2019 to Oct. 25th 2019, (4weeks)
Organized	Korea Ministry of Health and Welfare
Hosted by	Korea Health Industry Development Institute
Training Institutions	Medical Institutions designated as training institutions · Selected by matching the preferred specialties between applicants and institutions
Program	<ol style="list-style-type: none">① Orientation and opening ceremony② Clinical observation training at Korean Medicine Hospitals③ Completion ceremony④ Visiting professor(Optional)

Korean Medicine Training Program Guidelines for trainees



Ministry of Health
and Welfare

KHIDI
Korea Health Industry
Development Institute

MEDICAL REPORT

Directions :

1. Must not be older than the recent six months
2. Must be accomplished by an authorized physician
3. Must be STAMPED by the hospital of the authorized physician
4. Can be EXCLUDED from selection when the information below is not true

Basic Health Information

First Name	Last Name	Age	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Weight	Weight	Blood Pressure	Blood Type

Test	Result	Remarks
EKG	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Chest PA	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Urinalysis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Diabetes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hepatitis B	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Syphilis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Tuberculosis(TB)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
VDRL	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
AIDS	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Other Infectious diseases	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Endemic diseases	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pregnancy test(For women Only)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

1. If the applicant has a history of illnesses or disorders within the last five years, please describe the

t
ment and present status.

2. Please state your opinions on the overall health condition of the applicant. Is he/she fit to carry out an intensive training course away from his/her home?

Clinic Address
Clinic Name

Physician's Name

(dd/mm/2019)

Signature and Stamp :

Dear

Sir/Madam:

Position

Hospital Name

Country

I, the _____ of _____ in, am writing this _____ letter of recommendation to support _____ and his/her desire to participate in the Korean Medicine Training Program sponsored by KHIDI, which will take place in Korea from October 1st to October 25th in 2019 I certify that the applicant has adequate knowledge and/or expertise in the training field.

It is highly anticipated that he/she will obtain much knowledge and experience, which would enhance his/her capacity in practicing medicine after his/her return.

No	Title/Name	Major at the University	Job Title / Department
1			
2			
3			

Directions: Up to three applicants may be recommended. The final participants will be selected by KHIDI.

Sincerely,

Recommender's Name

Recommender's Job title

Hospital Name

(dd/mm/2019)

(Hospital president's signature)

Consent Form for the Collection, Use, and Disclosure of Personal Information

To facilitate the screening process and the operation of Korean Medicine Training Program, the Korea Health Industry Development Institute (KHIDI) asks for your consent for the collection, usage, and disclosure of the following personal information: Please read the following carefully and indicate whether you agree with the KHIDI's collection and use of the specified information:

You reserve the right to refuse to provide your consent to any collection or use of your personal information. However, your consent to the "required" items is mandatory for you to be considered for the program.

1. Consent to the Collection and Use of Personal Information (Required)

Information	Purpose	Retention Period	Consent
Name, birthday, gender, nationality, telephone number, e-mail address, academic profile, employment records, and emergency contact persons, ID picture	(Application information) Training program application and screening	3 Years	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	(Trainee Information) Trainee management during and after the program	Permanent or Semi-permanent	

2. Consent to the Collection and Use of Sensitive and Personally Identifiable Information (Required)

Information	Purpose	Retention Period	Consent
Passport information (e.g., passport no., issuance date, etc.) and religion	Training program application and screening	3 Years	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
	Support for trainees' trip (arrival and departure) to Korea		
Health (including medical history)	Training program application and screening	1 Year	

3. Consent to the Disclosure of Personal Information to Third Parties (Required)

Information Disclosed To:	Purpose	Retention Period	Consent
Personal Information Recipients* (KOFIH, KOHI, NHIS, HIRA)	Trainee management during and after the program	Permanent or Semi-permanent	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Agency(YBM)	Language proficiency interview of applicants, support for trainees' trip (arrival and departure) to Korea, and trainee management	1 year	

* KOFIH(Korea Foundation for International Healthcare), KOHI(Korea Human Resource Development Institute), NHIS(National Health Insurance Service), HIRA(Health Insurance Review and Assessment Service)

4. Consent to the Collection and Use of Personal Images and Photographs (Optional) The photographs taken of you during the Korean Medicine Training Program may be used in promotional materials distributed outside the KHIDI, posted in the official Korean Medicine social network platforms, and published in KHIDI newsletters.

Do you consent to the KHIDI's use of your photographs and information for promotion purposes?	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
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I hereby certify that all of the above information is true and correct.

(dd/mm/2019)

Name : _____ (Signature)

**Collection, Use, and
Disclosure of Personal
Information**