

INFORMATION ON ADVANCED PHARMACY PRACTICE EXPERIENCE FOR FOREIGN PHARMACY STUDENTS

***READ CAREFULLY BEFORE FILLING OUT THE APPLICATION FORM**

National Taiwan University College of Medicine (NTUCM), School of Pharmacy offers elective courses of advanced pharmacy practice experience (APPE) for foreign pharmacy students who have completed 3-year pharmacy curriculum and externship in an accredited Doctor of Pharmacy program. Due to limited number of foreign students allowed to be admitted to the program, the following requirements must be met:

1. Students must be in good health and in good academic standing in their own college/school of pharmacy.
2. The student's college/school of pharmacy recognizes this program as part of their APPEs
3. Proficiency in Chinese/English language, particularly in speaking and listening comprehension, is preferred.

APPLICATION

The following documents must be received 3-6 months prior to the beginning of the elective course(s):

1. a completed application form along with a recent photograph (passport size)
2. a sealed letter of recommendation from the Director of Academic (Student) Affairs or the head of the College/School of Pharmacy.
3. curriculum vitae
4. a well-written statement of purpose and thought-provoking essay
5. certificate of externship (or equivalents) completed or will-be completed at the student's school before taking electives
6. proof of health insurance while traveling and while staying in Taiwan
7. a certificate of pulmonary tuberculosis and hepatitis B (Appendix I)
8. a statement or approval of proficiency in the Chinese language (preferred option)
9. for students from university without academic link with National Taiwan University, a non-refundable application fee of US\$75. The payment must be made payable to "National Taiwan University College of Medicine".

Upon receipt of the above documents and application fee, the application will be processed by the respective department(s) which generally takes about 4-6 weeks. When the application is accepted, a letter of acceptance describing all rotation schedules of the clinical electives will be issued. **The applicant must confirm his/her decision about our arrangements at least 4 weeks prior to the start date of the elective term. If he/she needs to withdraw from the electives or change his/her arrival date, please**

notify in writing at least 8 weeks before the elective term.

COURSE FEE and INSURANCE

For students from university without academic link with National Taiwan University, an amount of US\$75 per week for each elective course is required when he/she reports to School of Pharmacy, NTUCM. A minimum fee of US\$150 will be implemented even if the total period of electives is less than 2 weeks. The fee is not refundable if the student subsequently shortens or withdraws the courses. No subsidy or stipend for the student is available from NTUCM or its affiliated hospital. In addition, the student is responsible for covering his/her own health insurance.

ELECTIVE COURSES

The following courses are available for your clinical electives at the National Taiwan University Hospital. The total term of your clinical electives ranges from 3 to 12 weeks. Students are required to complete at minimum 40 contact hours per week of practice experience in a variety of practice settings. The duration for each rotation in the respective departments is as follows:

6-week rotation :

Surgical Intensive Care Unit: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with physicians, nurses and pharmacists, and drug therapy decision making and monitoring in Surgical ICU.

Cardiac Care Unit: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with physicians, nurses and pharmacists, and drug therapy decision making and monitoring in Cardiac Care Unit.

Medical Intensive Care Unit: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with physicians, nurses and pharmacists, and drug therapy decision making and monitoring in Medical ICU.

Pediatric surgical intensive care unit: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with a pediatric surgical team, drug therapy decision making and monitoring in pediatric surgical intensive care unit.

3-week rotation :

Stroke center: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with physicians, nurses and pharmacists, and drug therapy decision making and monitoring in stroke center.

Hematology-oncology ward: This rotation provides student with a basic training in pharmaceutical care, which includes rounding with physicians, nurses and pharmacists, and drug therapy decision making and monitoring in hematology-oncology ward.

In the application form, please list the desired course(s) and also the alternatives in case your choice(s) is (are) not available during your elective term. You may also indicate certain subspecialties of your particular interest, which are not listed above; we will do our best to fit your request.

The term for advanced pharmacy practice experience is preferred to be rendered during our regular semesters: (1) from mid September to mid January; (2) from late February to mid June.

CREDITS, CERTIFICATE, EVALUATION and FINAL REPORT

Credits for the clinical electives taken by foreign students are not available from our School of Pharmacy or Hospital. However, a certificate will be given to the student upon completion of the clinical electives, and a candid evaluation of the student's performance assessed by each supervisor will be sent to the head or Director of Academic (Curricular or Student) Affairs of your college/school of pharmacy.

Within two weeks after completion of the elective term, the student must submit a final report for the overall elective program and give comments on individual courses (addressed to Mr. Hung-Ming Hsu, Advanced Pharmacy Practice Experience for Foreign Pharmacy Students Program, School of Pharmacy, College of Medicine, National Taiwan University, No.33, Linsen S. Rd., Zhongzheng Dist., Taipei City 100, Taiwan.)

ACCOMMODATIONS

Incoming exchange students boarding in Jing Fu Mansion will only be given the student rate of 800 NT dollars per day per person without meal (Jing-Fu will arrange two students to share a two-bed room). Incoming exchange students who insist on boarding in a single room will have to pay the normal rate of accommodations at 2,000 NT dollars per day without the student discount.

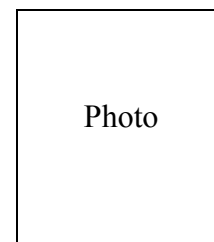
Jing Fu Mansion reserves the right to make any and all arrangements for the accommodations of those students paying student rates.

Please note that you are welcome to check in at the Jing Fu Alumni Hall at the earliest 1 day prior to your start date and check out no later than 2 days after you finish your rotation. If you intend to arrive in Taiwan earlier or want to stay longer, please find accommodation by yourself.

(Tel: 886-2-23123456 ext. 66370)

APPLICATION FOR ADVANCED PHARMACY PRACTICE EXPERIENCE

**School of Pharmacy
College of Medicine
National Taiwan University**



*** TO BE COMPLETED BY STUDENT**

Name: _____ , _____

(Chinese name, if available)

Gender: _____ Nationality _____ (and _____)

Birth Date: _____ Passport Number: _____

College/School of Pharmacy: _____

School Address: _____

Student's Mailing Address: _____

Tel No: _____ Fax No: _____ E-mail: _____

Clinical clerkships (or equivalent) completed or will be completed at the student's school before taking elective(s)

1. _____ 2. _____
3. _____ 4. _____

Present status at pharmacy school: _____-year pharmacy student

Elective courses requested (up to a maximum of 14 weeks)

Rotation Name	(weeks)	Rotation Name	(weeks)
1. _____	()	2. _____	()
3. _____	()	4. _____	()

Total period of electives: _____ weeks, From _____ to _____

Alternative course(s) if your choice(s) is (are) not available on our list:

1. _____ () 2. _____ ()

Subspecialty of your particular interest:

1. _____ () 2. _____ ()

Request for accommodations at Alumni Hall : Yes No

I have enclosed the payment of US\$75 for the application fee.

Date of application: _____ Signature: _____

LETTER OF AGREEMENT AND RECOMMENDATION

※TO BE COMPLETED BY THE DIRECTOR OF ACADEMIC/STUDENT AFFAIRS OR THE HEAD OF COLLEGE/SCHOOL OF PHARMACY WHERE THE STUDENT IS ENROLLED.

Re: _____ (Name of the student), _____ (Chinese name, if available)

The above named student applying for clinical elective(s) at the School of Pharmacy, College of Medicine, National Taiwan University School of Pharmacy is in good health and in good academic standing at this institution, where the applicant has or will have completed at least 3-year pharmacy curriculum and externship (or equivalents) prior to taking the overseas elective(s). The applicant has a good record of conduct, character, and academic activities.

While away from our school, the student is responsible for his/her own health care. At the completion of each elective course, a candid evaluation of the student's performance by the supervisor will be required.

I recommend without reservation the above named student for taking clinical electives at your institution.

Signature: _____

School: _____

Name: _____

Title: _____

Address: _____

Fax No: _____

Date: _____

SCHOOL SEAL



RETURN these APPLICATION documents TO:

"ADVANCED PHARMACY PRACTICE EXPERIENCE PROGRAM "

School of Pharmacy, College of Medicine

National Taiwan University

No.33, Linsen S. Rd., Zhongzheng Dist.,

Taipei City 100, Taiwan .

Tel: 886-2-33668748

Fax: 886-2-23919098

E-mail: hominghsu@ntu.edu.tw

National Taiwan University Hospital
Certificate of Pulmonary Tuberculosis and Hepatitis B for a Foreign Trainee
 台大醫院外籍受訓人員肺結核及B肝切結書

Surname	Middle name	Given Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (dd/ mm/ yyyy):
Nationality	Present Address	
<p>A. Certificate of Pulmonary Tuberculosis (To be completed by physician)</p> <p>I have examined the x-ray of _____ (name of trainee), and find the individual appears to be free of communicable tuberculosis.</p> <p>Name & title of physician: _____</p> <p>Address: _____</p> <p>Signature: _____</p> <p>Date (dd-mm-yyyy): _____</p>		
<p>B. Waiver - Hepatitis B</p> <p>I am aware of the fact that Taiwan is a high-prevalence area of Hepatitis B. I understand the risk of being infected and will consider taking proper actions, including undergo Hepatitis B tests and take vaccine, to protect myself.</p> <p>Applicant's Signature: _____</p> <p>Date (dd-mm-yyyy) : _____</p>		

台大醫院外籍受訓人員肺結核及B肝切結書
2007/10國際醫療中心