

## K-CAPPIC Foreign Student Clerkship/Elective

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M • F  
Nationality \_\_\_\_\_ Native language \_\_\_\_\_  
English ability (indicate TOEFL, IELTS score etc. if applicable) \_\_\_\_\_  
Japanese ability (indicate test scores if applicable) \_\_\_\_\_  
Medical school/department \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Desired date/duration of clerkship \_\_\_\_\_

Please submit this application form together with the following materials by mail or email (scanned documents attached to email preferred) to: [estewart@med.kanazawa-u.ac.jp](mailto:estewart@med.kanazawa-u.ac.jp)

**Attachment A** (required): Please write a short essay (400 words maximum) regarding why you chose to practice medicine, your particular interests within the field of medicine, future goals, and why you are interested in studying with K-CAPPIC. Also indicate whether you are interested in participating in Clerkship Option 1 or 2

**Attachment B** (required): Curriculum Vitae (not more than 2 pages)

**Attachment C** (required): for identification purposes, please attach a passport size photo (approx 3X4cm) to the upper left hand corner of this form

**Attachment D** (required before clerkship begins): proof of liability insurance

**Attachment E** (required before clerkship begins): proof of vaccination history (including varicella, measles, mumps, rubella, HBVag/HBVab/HCV) and STD tests (HIV required, syphilis requested if available).

**Attachment F** (optional): You may include up to 3 letters of recommendation; letters from other foreign universities where you have done clerkships are preferred