

2021

Korea Foundation for International Healthcare
Dr LEE Jong-wook Fellowship Program
Admission Guidelines
February 2021





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1 Forms: Application Form, Recommendation Form

^{* &#}x27;2021 KOFIH Dr LEE Jong-wook Fellowship Program Admission Guidelines' and appendix are available for download at: https://imsohit.kofih.org/



01 About KOFIH Dr LEE Jong-wook Fellowship Program

About KOFIH

Korea Foundation for International Healthcare (KOFIH) is a governmental organization affiliated with the Ministry of Health and Welfare of the Republic of Korea. We provide government-level health assistance for partner countries, North Korea, overseas Koreans, migrant workers residing in Korea, and people in disaster-stricken areas across the globe. We also operate various memorial projects to honor the late Dr Lee Jong-wook, the 6th Director-General of World Health Organization (WHO).

With our partner countries, partner institutions, international organizations and NGOs, KOFIH will strive to build a healthier, better future in which all members of the international community can benefit from necessary healthcare services.

- For more information, visit https://imsohit.kofih.org/
- For an introductory video of KOFIH, visit https://youtu.be/zXN5YMRsukg
- For an introductory video of Dr LEE Jong-wook, visit https://youtu.be/IFSNpM_XiQ0







(Upper Left) Dr LEE Jong-wook (the 6th Director-General of WHO)

(Upper Right) Primary Healthcare Strengthening Project in Yangon Region, Myanmar

(Lower Left) Healthcare System Strengthening Project Focused on Reproduction, Maternal, Newborn and Child Health (RMNCH) in Pwani Province, Tanzania



01 About KOFIH Dr LEE Jong-wook Fellowship Program

About Dr LEE Jong-wook Fellowship Program

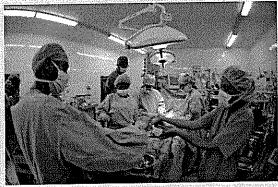
Dr LEE Jong-wook Fellowship Program is KOFIH's global invitational training program for health workforce of partner countries. The program was named after Dr LEE Jong-wook, former Director-General of WHO, to honor his wishes to foster health workforce for healthier, better world.

The program aims to build and strengthen the capacity of health workforce in KOFIH's partner countries. Cooperating with the best health medical institutions of ROK, KOFIH offers systematic and practical health medical education and training through Dr LEE Jongwook Fellowship Program.

Since 2007, KOFIH has invited 1030 health workforce from 29 countries through Dr LEE Jong-wook Fellowship Program. The graduates are now contributing to the improvement of health systems in their home countries. KOFIH also aims to improve sustainability and impact of the program via supporting the graduates through KOFIH Global Alumni(KGA) activities.

We believe that capacity building of health workforce is fundamental to sustainable development. Through Dr LEE Jong-wook Fellowship Program, KOFIH will strive to become a global partner for better and healthier future for all. Together, we will go far.





(Left) The Frist Lady of ROK, Kim Jung-sook giving a speech at 'Dr LEE Jong-wook Fellowship Program 10th Anniversary Forum in Lao PDR' held in Vientiane

(Right) Dr LEE Jong-wook Fellowship Program Training Course for Clinical Experts (Ethiopia) Post-Training, On-site Consulting at Black Lion hospital, Addis Ababa, Ethiopia



02 Timeline *Below timeline is subject to change.

No.	Step	Timeline
1	Request for Fellow Recommendation · KOFIH sends an official letter for recommendation to MOH¹ of partner country · KOFIH → MOHW² → MOFA³ → Embassy of ROK → MOH of partner country	Feb 2021
2	Announcement for Application • MOH of partner country announces the program • MOH of partner countries → Relevant institutions*	Feb 2021
3	Submission of Application • MOH of partner country collects application documents and sends to KOFIH with an official letter • MOH of partner country → Embassy of ROK → MOFA → MOHW → KOFIH	~31 st Mar 2021
4	Document Examination • KOFIH reviews application documents and selects interviewees	~23 rd Apr 2021
5	Interviews · KOFIH, training institutions, partner institutions execute interview with applicants (face-to-face OR video conference OR telephone)	~28 th May
6	Announcement of Admissions Decision · KOFIH announces the result of interview · KOFIH → MOH of partner country & applicants	2021
7	Online Registration • Applicants register on IMSOHIT ⁴	~1 st June 2021
8	Submission of Visa Application Applicants submit documents for visa issuance to the Embassy of ROK	~1 st June 2021
9	Beginning of Training Date of arrival will vary among courses	Mid-July 2021~

¹ MOH: Ministry of Health (of partner countries)

² MOHW: Ministry of Health and Welfare of the Republic of Korea

³ MOFA: Ministry of Foreign Affairs of the Republic of Korea

⁴ IMSOHIT: Integrated Management System of Healthcare Invitational Training



03 Courses Offered in 2021

Overview of 2021 Dr LEE Jong-wook Fellowship Program

In 2021, KOFIH offers 6 courses for 114 health workforce from 12 countries.

- · English is the principal medium of lectures, reports and other activities for all fellows.
- · Courses offered and number of trainees may differ by countries. Refer to 8pg~18pg for detailed information.
- * Admission Notice and request for recommendation for 'Training Course for Biomedical Engineers' will be announced later.

	Will be announced later.							
Course Title	Details	Period(expected)						
Training Course for Clinical Experts	 Purpose: To enhance the education/healthcare services/research capability of healthcare professionals Target: Basic medical sciences/clinical professors, clinical doctors, nurses Contents: Basic/Clinical education for each major Number of Invitees (29) 	Invitational training 6 months						
2. Training Course for Health Professional Education	 Purpose: To cultivate specialist in medical education (Lao PDR, Myanmar, Vietnam) Target: Medical education experts (professors of medical colleges, officers in charge of health professionals in government agencies) Contents: Development and evaluation of medical education, student evaluation, etc. Number of Invitees (8) 	Invitational training 3 months						
3. Training Course for Health Policy and Administration	 Purpose: To improve and strengthen the healthcare system governance of partner countries, according to the needs and circumstance of the participants' respective countries. To acquire knowledge about the formation and development of the Korean healthcare system Number of Invitees (11) 	Invitational training 3 months						



Course Title	Details	Period(expected)
4. Training Course for Disease Research Specialist	 Purpose: To strengthen the fellows' expertise through trainings with advanced technology of Korean tuberculosis laboratories Target: Disease researchers working at MoH or national referral research center(tuberculosis) Contents: TB management, testing, and research Number of Invitees (6) 	Invitational training 3 months
5-1. Training Course for Infectious Disease (Policy)	 Purpose: To give the guidance for health policy establishment related to communicable/infectious disease response Target: Partner country's center for disease control and prevention administrators, administration officials Contents: Korea's policy related to communicable/infectious disease, administration, legislation theory Number of Invitees (14) 	Pre-invitational training (online) 1 month + Invitational training 6 weeks*
5-2. Training Course for Infectious Disease (Epidemiology)	 Purpose: To cultivate epidemiologist specialists in communicable/infectious disease response Target: Working-level at MoH Contents: Basic epidemiologist course in communicable disease response Number of Invitees (14) 	Pre-invitational training (online) 1 month + Invitational training 6 weeks*
5-3. Training Course for Infectious Disease (Diagnosis)	 Purpose: To cultivate laboratory medicine specialists in communicable/infectious disease response Target: Working-level at MoH, hospital, laboratory (Doctor) Contents: Laboratory security, experiment method, laboratory quality control/course and practice related to disease infection response Number of Invitees (15) 	Invitational training 8 weeks*
5-4. Training Course for Infectious Disease (Clinical Treatment)	 Purpose: To enhance the working-level's capability Target: Working-level working at MoH (Doctor) Contents: Clinical guidelines and strategies for the treatment of communicable diseases (theory and practice) Number of Invitees (13) 	Invitational training 8 weeks*
6. Course for High- Level Officials	 Purpose: To strengthen partnerships by enhancing the fellows' understanding of KOFIH's healthcare cooperation projects with partner countries, with regard to project effectiveness Target: Director or higher position at MoH, or director or equivalent level position at the national referral hospital Contents: Introduction of Korea's healthcare system, field trip, leadership training, etc. Number of Invitees(4) 	Invitational training 1 week



Cambodia(17 Invitees)

Course	Target		No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training
	MD	Pediatrics	2	6	National	<u></u>
Theiring Course for	MD	Endocrinology	1	3	Hospital(KSFH ⁵ , NPH ⁶), Provincial	
Training Course for Clinical Experts	MD	Oncology	1	3	Referral Hospital(BTB ⁷ , PUS ⁸ , PAL ⁹ , SRP ¹⁰)	6 Months
Training Course for Health Policy and Administration		MOH Official	2	6	Ministry of Health	3 Months
Training Course for Disease Research Specialists (TB)	Laboratory Technologist		2	6	CENAT (National Center for Tuberculosis and leprosy Control)	3 Months
Training Course for Infectious Disease(Policy)	а	nter for disease control and prevention dministrators, dministration officials	2 (1 for the first half, 1 for the latter half of the year)	6	Ministry of Health	Pre- invitational training (online) 1 month
Training Course for Infectious Disease(Epidemiology)	1	orking-level of pidemiologists	2 (1 for the first half, 1 for the latter half)	6	Ministry of Health	Invitational training 6 weeks*

⁵ KSFH: Khmer-Soviet Friendship Hospital

⁶ NPH: National Pediatric Hospital

⁷ BTB: Battambang

⁸ PUS: Pursat

⁹ PAL: Pailin

¹⁰ SRP: Siem Reap



Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, Laboratory	2 (1 for the first half, 1 for the latter half)	6	Ministry of Health	2 Months
Training Course for Infectious Disease(Clinical Treatment)	Working-level MD at MOH, Hospital	2 (1 for the first half, 1 for the latter half)	6	Ministry of Health	
Course for High-Level Officials	MOSVY ¹¹ Director of higher	1	1	MOSVY	1 Week

¹¹ Ministry of Social Affairs, Veterans and Youth Rehabilitation of the Royal Government of Cambodia



Lao PDR(21 Invitees)

Course	Target		No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training	
Training Course for	MD	Pediatrics	2	6	University of Health Sciences	6 Months	
Clinical Experts Training Course for Health Professional Education	Facult	Nurse Pediatrics Faculty of College of Medicine		6 12	University of Health Sciences	3 Months	
Training Course for Health Policy and Administration	МО	MOH Official		6	MOH or Maternal and Child Health Centre	3 Months	
Training Course for Infectious Disease(Policy)	co pr adm adm	Center for disease control and prevention administrators, administration officials		9	MOH (Cabinet, DCDC)	Pre- invitational training (online) 1 month	
Training Course for Infectious Disease(Epidemiolog y)	1	Working-level of Epidemiologists		9	MOH (DCDC), Provincial Health Dept., NCLE	Invitational training 6 weeks*	
Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, first half, for the Provi		NCLE, CMPE, Central & Provincial Hospitals	2 Months			
Training Course for Infectious Disease(Clinical Treatment)	i	g-level MD at H, Hospital	2 (1 for the first half, 1 for the latter half)	6	Central & Provincial Hospitals		
Course for High-Level Officials	ì	tor of higher position	1	1	МОН	1 week	



Mongolia (3 Invitees)

Course		Target	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training
Training Course for Clinical Experts	MD	Nuclear Medicine	1	3	2 nd Hospital	6 Months
	MD	Internal Medicine	1	3		
Training Course for Health Policy and Administration	MOH Official		1	3	МОН	3 Months



Myanmar (10 Invitees)

Course	Target	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training	
Training Course for Health Policy and Administration	MOHS Health System Strengthening (HSS) Official	1	3	MOHS ¹²	3 Months	
Training Course for Infectious Disease(Policy)	Center for disease control and prevention administrators, administration officials	2 (1 for the first half, 1 for the latter half of the year)	6	MOHS	Pre- invitational training (online) 1 month + Invitational training 6 weeks*	
Training Course for Infectious Disease(Epidemiology)	Working-level of Epidemiologists	2 (1 for the first half, 1 for the latter half)	6	MOHS		
Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, Laboratory	2 (1 for the first half, 1 for the latter half)	6	MOHS	2 Months	
Training Course for Infectious Disease(Clinical Treatment)	Working-level MD at MOH, Hospital	2 (1 for the first half, 1 for the latter half)	6	MOHS	- 2 MORUIS	
Course for High-Level Officials	At the level of Deputy Director General or higher	1	1	MOHS	1 Week	

¹² Ministry of Health and Sports of the Union of Republic of the Myanmar



Uzbekistan (4 Invitees)

Course	Target		No. of Trainee	No. of Recommen dation	Target Institution	Period of Training
Training Course for Clinical Experts	MD	Oncology	1	3	TIPME, RIV, NCMC, Republican Oncology Center	6 Months
Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, Laboratory		2 (1 for the first half, 1 for the latter half of the year)	6	Ministry of Health	2 Months
Course for High-Level Officials		Director of higher position		1	TIPME	1 week

★ Vietnam (4 Invitees)

Course	Target	No. of Trainee	No. of Recommen dation	Target Institution	Period of Training
Training Course for Health Professional Education	Faculty of College of Medicine	£4;	12	Hanoi Medical University, University of Medicine, Pharmacy of Ho Chi Minh City And other related university	3 Months



Ethiopia (3 Invitees)

Course	Target	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training
Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, Laboratory	2 (1 for the first half, 1 for the latter half of the year)	6	Oromia Regional Health Bureau, Jimma Zone Health Directorate, Jimma University	2 Months
Training Course for Health Policy and Administration	MOH Official	1	3	Ministry of Health	3 Months

Mozambique (4 Invitees)

Course		Target	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training	
Training Course for	MD	OB/GYN	1	3	Quelimane		
Clinical Experts	Nurse	Intensive Care Unit	1	3	Central Hospital	6 Months	
Training Course for	MD	Biochemistry	1	3	Unilicungo	2 Years	
Clinical Experts (Master's Degree)	MD	Microbiology	1	3	University	(4 Semester)	





Gabonese Republic (4 Invitees)

Course	Target	No. of Trainee	No. of Recomm endation	Target Institution	Period of Training
Training Course for Infectious Disease(Policy)	Center for disease control and prevention administrators, administration officials	1 (1 for the first half of the year)	3	Ministry of Health	Pre- invitational training (online) 1 month
Training Course for Infectious Disease(Epidemiology)	Working-level of Epidemiologists	1 (1 for the first half of the year)	3	Ministry of Health	Invitational training 6 weeks*
Training Course for Infectious Disease(Diagnosis)	Working-level MD at MOH, Hospital, Laboratory	1 (1 for the first half of the year)	3	Ministry of Health	2 Months
Training Course for Infectious Disease(Clinical Treatment)	Working-level MD at MOH, Hospital	1 (1 for the first half of the year)	3	Ministry of Health	2 MONUIS



Rubublic of Ghana (16 Invitees)

Course	-	Target	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training	
	MD	Laparoscopic	1	3	Komfo Anokye Teaching	an ya manaman sana mata darawa dada da kaka da	
	Nurse	Surgery	1	3	Hospital		
Training Course for	MD	Emergency	1	3	Volta Regional	6 Months	
Clinical Experts	Nurse	Medicine	1	3	Referral Hospital,		
	MD	Intensive	1	3	Oti Region's		
	Nurse	Care Unit	1	3	Hospital		
Training Course for	МОН	PPBMED ¹³	1	3	MOH, Volta Regional Health Service	3 Months	
Health Policy and Administration		Official	1	3	Regional Health Directorate Officer	J PIOITUIS	
Training Course for Infectious Disease(Policy)	Cod	nal Technical ordination tee Members	2 (1 for the first half, 1 for the latter half of the year)	6	National Technical Coordination Committee	Pre- invitational training (online) 1 month	
Training Course for Infectious Disease(Epidemiology)	Epidemiologists		2 (1 for the first half, 1 for the latter half)	6	Disease Surveillance Dept., Public Health Division	Invitational training 6 weeks*	
Training Course for Infectious Disease(Diagnosis)	,	boratory chnicians	2 (1 for the first half, 1 for the latter half)	6	National Laboratory and Diagnostics Team	2 Months	
Training Course for Infectious Disease(Clinical Treatment)	1	Public Health acilities	2 (1 for the first half, 1 for the latter half)	6	National Case Management Rapid Response team		

¹³ Policy Planning, Budgeting, Monitoring and Evaluation Directorate



Tanzania (12 Invitees)

Course	Ta	ırget	No. of Trainee	No. of Recomme ndation	Target Institution	Period of Training	
	MD	Pediatrics	1	3	Muhimbili National		
Training Course for	Nurse	Pediatrics	1	3	Hospital Mlonganzila	6 Months	
Clinical Experts	MD	OB/GYN	1	3	Campus,		
	Nurse	OB/GYN	1	3	Tumbi Regional Referral Hospital		
Training Course for Health Policy and Administration	МОН	Official	1	3	Ministry of Health, Community Development, Gender, Elderly and Children	3 Months	
Training Course for Infectious Disease(Policy)	cont pre admir admir	for disease trol and vention nistrators, nistration ficials	2 (1 for the first half, 1 for the latter half of the year)	6	Ministry of Health, Community Development, Gender, Elderly and Children, National Public Health Laboratory	Pre- invitational training (online) 1 month + Invitational	
Training Course for Infectious Disease(Epidemiology)		ng-level of miologists	2 (1 for the first half, 1 for the latter half)	6	National Public Health Laboratory	training 6 weeks*	
Training Course for Infectious Disease(Diagnosis)	мон,	-level MD at Hospital, oratory	1 (1 for the first half)	3	National Public Health Laboratory		
Training Course for Infectious Disease(Clinical Treatment)		-level MD at , Hospital	2 (1 for the first half, 1 for the latter half)	6	National Public Health Laboratory	2 Months	



Uganda (16 Invitees)

Course	Target		No. of Trainee	No. of Recomm endation	Target Institution	Period of Training
Training Course for	MD	Emergency	2	6	Masaka Regional Hospital,	3 Months
Clinical Experts	Nurse	Medicine	2	6	Mulago National	o i ionalo
Training Course for Disease Research Specialists (TB)	í	boratory hnologist	4	12	National Tuberculosis Reference Laboratory	3 Months
Training Course for Health Policy and Administration	MOH Official		1	3	Ministry of Health	3 Months
Training Course for Infectious Disease(Policy)	Center for disease control and prevention administrators, administration officials		2 (1 for the first half, 1 for the latter half of the year)	6	Ministry of Health	Pre- invitational training (online) 1 month
Training Course for Infectious Disease(Epidemiology)	Working-level of Epidemiologists		2 (1 for the first half, 1 for the latter half)	6	Ministry of Health	Invitational training 6 weeks*
Training Course for Infectious Disease(Diagnosis)	MOH	g-level MD at I, Hospital, boratory	1 (1 for the first half)	3	Ministry of Health, CPHL	
Training Course for Infectious Disease(Clinical Treatment)	1	g-level MD at I, Hospital	2 (1 for the first half, 1 for the latter half)	6	Ministry of Health, Mulago National Referral Hospital	2 Months



04 Eligibility

No	Course	Eligibility
1	Training Course for Clinical Experts	1) Recommendation of MOH All applicants MUST be recommended by MOH. 2) Goal-Orientedness Applicants must be able to indicate clear study goal and motivation in the application form.
2	Training Course for Health Professional Education	3) Career Experience Applicants must have at least three years of work experience in relevant agency. Applicants must possess excellent job performance, potential for self-
3	Training Course for Health Policy and Administration	development, and willingness to contribute to the affiliated organization. 4) Age 45 years or younger (born after 1st January, 1973). 5) Language
4	Training Course for Disease Research Specialists (TB)	 Fluent in reading, writing and speaking in English. 6) Others Must have adequate physical and mental health required to complete the program.
5	Training Course for Infectious Disease	 Must submit the pledge of compliance with the application form. Upon completion of the training program, fellows must agree to work for a certain period at their current affiliated organization.
6	Course for High-Level Officials	 1) Recommendation of MOH All applicants MUST be recommended by MOH. 2) Affiliation & Position Director or higher position at Ministry of Health / Dept. of HR or International Cooperation(Central) Vice-president or higher position at the National tertiary hospital 3) Goal-Oriented Applicants must be able to indicate clear study goal and motivation in the application form. 4) Career Experience Applicants must have at least three years of work experience in relevant agency Applicants must possess excellent job performance, potential for self-development, and willingness to contribute to the affiliated organization. 5) Others Must have adequate physical and mental health required to complete the program. Must submit the pledge of compliance with the application form. Upon completion of the training program, fellows must agree to work for a certain period at their current affiliated organization.



05 Required Documents

- · All documents must be submitted by 31th March, 2021.
- All documents must be original. If any of the submitted materials contain false information, admission offer will be withdrawn.
- Incomplete application forms and supplementary documents will be cause for disqualification.
- All documents must be written in English. Translated copies must be validated/attested/notarized by the issuing institute or notary office.
- Applicants should take full responsibility for any disadvantage due to the mistakes or omissions on the application.
- · All documents must be submitted via MOH. KOFIH does not accept application individually.
- Required documents may vary by course. *See Appendix 1

No	Documents	Note	PIC / Writer	Submission Date	
0	Official Letter of Recommendation	Mandatory	MOH	31 th Mar	
U	· The official letter must include list of applicants.	Pidridatory			
1	Application Form	Mandatory	Applicant	31 th Mar	
L	* See Appendix 1-1	Transactory	, PP		
	Recommendation Form	Mandatory/		Odth Man	
2	Recommender: supervisor, professor, MOH etc. * See Appendix 1-2	Optional	Recommender	31 th Mar	
3	Copy of Identification	Mandatory	Applicant	31 th Mar	
	· Valid passport, driver's license, ID card etc.	ridilactory	, which is		
4	Copy of Degree Certificate	Optional	Applicant	31 th Mar	
4	· BA, MA, PhD etc.	Optional	7 PPICOTO		
	Copy of Employment Certificate		A	24th Manu	
5	Former or current employment	Optional	Applicant	31 th Mar	



06 Criteria

- Admissions decisions are made based on an overall evaluation of the documents submitted by MOH and applicants, which are used to assess the applicant's academic achievements, relevant activities, interest and motivation expressed in the applied field of training, language proficiency, performance competence, and other factors.
- After Document Examination, applicants will be asked to undertake interviews. The applicant will be individually notified of details.



07 Contact Information

KOFIH HQ | Department of Dr LEE Jong-wook Fellowship

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	(04533) 7F JEI Corporation Bldg., 6, Eulji-ro, Jung-gu,
Address	Seoul, Republic of Korea
	(+82)2-3396-9810
Telephone	(+82)2-3396-9700
Website	www.kofih.org/en/

KOFIH Country Office

Country	Name	Title	Email
Lao PDR	LEE, Hyeyoung	Country Representative	hylee@kofih.org
Myanmar	AHN, Jongsoh	Country Representative	jsahn@kofih.org
Uzbekistan	YOO, Sebastian (Youk Jin) M.D.	Country Representative	dr.yoosebastian@kofih.org
Cambodia	KIM, Sang Gyeun	Country Representative	sgkim@kofih.org
Ghana	JUNG, Hyejin	Country Representative	hjjung@kofih.org
Ethiopia	PARK, Jinha	Country Representative	jhpark@kofih.org
Tanzania	Ha, Seungrae	Country Representative	srha@kofih.org
Uganda	Bounggui KIM	Country Representative	bgkim@kofih.org
Vietnam	LEE, Hyang	Country Representative	Hlee@kofih.org

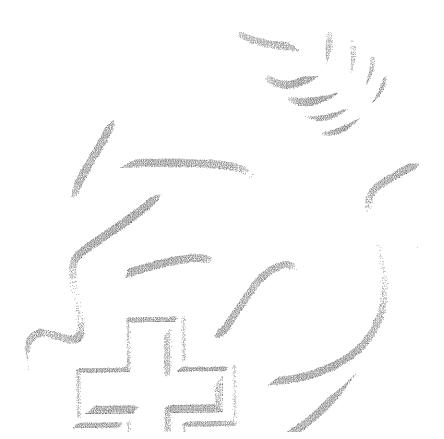
[Appendix 1-1-2]

2021

Korea Foundation for International Healthcare
Dr LEE Jong-wook Fellowship Program

Application Form

Training Course for Health Professional Education









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Important Notice

- · All documents must be submitted by 31th March, 2021.
- · All documents must be original. If any of the submitted materials contain false information, admission offer will be withdrawn.
- Incomplete application forms and supplementary documents may result in disqualification
- · All documents must be written in English. Translated copies must be validated/ attested/notarized by the issuing institute or notary office.
- Applicants should take full responsibility for any disadvantage due to the mistakes or omissions on the application.
- All documents must be submitted via MOH. KOFIH does not accept application individually.
- · Required documents may vary by course.

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01 Check List

- · Please complete the check list below and submit it with required documents.
- · Please mark the rightmost column with ' \checkmark ' if the document is completed.

No	Document	Note	Mark with '√' if completed
1	Application Form	Mandatory	
	Applicant Information	Mandatory	
	Study Plan	Mandatory	
	Consent to Collect and Use Personal Information	Mandatory	and the second s
2	Recommendation Form	Mandatory	
	Recommendation Letter	Mandatory	
	Consent to Collect and Use Personal Information	Mandatory	
3	Copy of Identification	Mandatory	***
4	Copy of Degree Certificate	Optional	
5	Copy of Employment Certificate	Optional	

This is to certify that I have completed and submitted above documents to apply for 2021 KOFIH Dr LEE Jong-wook Fellowship Program. I have read and understood 'Terms and Conditions of Dr LEE Jong-wook Fellowship Program.'

Date	DD / MM / YYYY			
Title of Course				
Applicant's	First Name			
Name	Middle Name		(Signature)	
*as in the passport	Family Name		days days	



- · Please complete ALL fields. If not applicable, state N/A.
- · Name, nationality, date of birth must match your passport.
- \cdot All dates should be in the form of DD / MM / YYYY.

A. Application Inform	nation	
Course Title	Training Course for Health Professional Education	
Country		



C. Employme	nt	: Inf	formatio	n (Curren	t)				
Affiliation										Mark Angle
Department										
Position										
Specialty	nf	orm	nation							
		1			First			****	ww1# ·	- Livelium,
Main Duty					Vame					
*List three most important duties		2								
important dudes		3								
Duration of Employment					Fro	m DD) / MM /	YYYY to	Preser	t
Office Address			Name		1iddle					
Telephone			as in the passport		Name					
Fax								******		
Website								241007		
						-		— 4111117		
					amily Name					
Nationality							Regio	on/State		
Gender							Date	of Birth		DD / MM / YYYY
Passport Number								ssport of Expiry		DD / MM / YYYY
Occupation							Sp	ecialty		- Marie - Marie -
		Hoi	me Addres	ss						
Contact	ľ	Т	elephone							
Information	ŀ		Mobile					4.00		
The state of the s			Email							
			Name							



D. Educational Ba	ackgroun	d *Higher educati	on ONLY. Ple	ease list in chronologica	al order.
N	C = to = .	F. 11 . C.C	Dagras	Per	iod
Name of Institution	Country	Field of Study	Degree	From	То
				DD / MM / YYYY	DD / MM / YYYY
- HARAGA				DD / MM / YYYY	DD / MM / YYYY
A A A A A A A A A A A A A A A A A A A	· Marian			DD / MM / YYYY	DD / MM / YYYY
				DD / MM / YYYY	DD / MM / YYYY
				DD / MM / YYYY	DD / MM / YYYY



. Career Experience	*Please list in chron	nological order.				
Name of Tuelibytion	Danastmant	Docition	Period			
Name of Institution	Department	Position	From	То		
			DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	DD / MM / YYYY		
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Title	No.	Issuing Entity	Date of Issue	Date of Expiry
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Name of Institution	Country		From	То	
			DD / MM / YYYY	DD / MM / YYY)	
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		A AMERICAN	DD / MM / YYYY	DD / MM / YYY	
			DD / MM / YYYY	DD / MM / YYY	



H. Language	Proficiency			
Language	Listening	Speaking	Reading	Writing
English	Excellent/Fair/Poor	Excellent/Fair/Poor	Excellent/Fair/Poor	Excellent/Fair/Poor
Korean	Excellent/Fair/Poor	Excellent/Fair/Poor	Excellent/Fair/Poor	Excellent/Fair/Poor

I. Language C	Certificate			· · · · · · · · · · · · · · · · · · ·
Language	Title of Test	Score	Date of Expiry	Note
English	TOEFL, IELTS, etc.		DD / MM / YYYY	
Korean	ТОРІК		DD / MM / YYYY	

J. M	ajor Publication and Research Activities *P	lease list in chronological ord	er.
No.	Title	Publisher	Date of Publication
1			
2			
3			
4			
5			



03 Study Plan

- · The following information will be used to design the customized curriculum for the training. Please state as precisely as possible.
- · Fill in the blanks in less than 200 words.

A. Elaborat have par	e up to three ma ticipated in your s	jor research pr specialty field.	rojects or educ *Less than 200 word	ation programs s.	you
		A SALAM LA MIN OF THE SALA			
B. Explain u	p to three study g	oals you want t	o achieve upor	completion of t	his
training.	*Less than 200 words.	- Months	- 1.1.1 (1977)	All Marketines	



03 Study Plan

. List up knowledge and skills you want to acquire through this program. Less than 200 words.	
<u>nowledge</u>	
<u>kills</u>	



04 Consent to Collect and Use Personal Information (1)

- Pursuant to Article 7 of the Korea Foundation for International Healthcare Act and the Article 15 of the Personal Information Protection Act, KOFIH is required to receive 'Consent to Collect and Use Personal Information' and 'Consent to Release Personal Information to a Third Party' from the information providers.
- · Please read carefully and complete below documents.

(1) Consent to Collect and Use Personal Information *Until the program is completed			
	and use personal information		
Purpose of Collecting/Using Personal Information	To confirm personal information and evidential document Fellowship Program		
Personal Information to be Collected	 Application form: photo, name, gender, affiliation, home date of birth, mobile number, telephone number (home), contact (name, relation, e-mail, mobile number) Other documents: academic credentials, copy of professi certificate, copy of passport, career certificate (if applications report/certificate of foreign language test (if applications) 	, office number, e-mail, emergency ional license (if applicable), copy of cation), letter of recommendation, ble)	
Period of Retention and Use	<u>Until Dr LEE Jong-wook Fellow</u> Training is comple		
Right to Refuse Consent	You have right to reject consent to collecting and using process consent form. If you refuse to give consent, it may can unconfirmed materials for Dr LEE Jong-wook Fellowship Pr	personal information stated in this ause disadvantage for you due to	
	I have read and understood the above consent form and to collect and use the personal information.	d agree	
Agree □ Disagree □			
b. Consent to collect	and use personally identifiable information		
Purpose of			
Collecting/Using	To confirm personal information and evidential documents Fellowship Program	s necessary for Dr LEE Jong-wook	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention	Fellowship Program Passport number Until Dr LEE Jong-wook Fellow	: vship Program_	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use Right to Refuse	Passport number Until Dr LEE Jong-wook Fellow Training is complete You have right to reject consent to collecting and using a consent form. If you refuse to give consent, it may can	vship Program ted personal information stated in this hause disadvantage for you due to	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use	Passport number Until Dr LEE Jong-wook Fellow Training is completed You have right to reject consent to collecting and using its completed.	vship Program ted personal information stated in this hause disadvantage for you due to	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use Right to Refuse	Passport number Until Dr LEE Jong-wook Fellow Training is complete You have right to reject consent to collecting and using a consent form. If you refuse to give consent, it may can	rship Program Ted personal information stated in this ause disadvantage for you due to rogram.	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use Right to Refuse	Passport number Until Dr LEE Jong-wook Fellow Training is complet You have right to reject consent to collecting and using a consent form. If you refuse to give consent, it may ca unconfirmed materials for Dr LEE Jong-wook Fellowship Pr I have read and understood the above consent form and	rship Program Ted personal information stated in this ause disadvantage for you due to rogram.	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use Right to Refuse Consent	Passport number Until Dr LEE Jong-wook Fellow Training is complet You have right to reject consent to collecting and using a consent form. If you refuse to give consent, it may can unconfirmed materials for Dr LEE Jong-wook Fellowship Pr I have read and understood the above consent form and to collect and use the personal information.	rship Program red personal information stated in this ause disadvantage for you due to rogram. d agree and the Article 15 of the Personal	
Collecting/Using Personal Information Personal Information to be Collected Period of Retention and Use Right to Refuse Consent	Passport number Until Dr LEE Jong-wook Fellow Training is complet You have right to reject consent to collecting and using a consent form. If you refuse to give consent, it may can unconfirmed materials for Dr LEE Jong-wook Fellowship Pr I have read and understood the above consent form and to collect and use the personal information. Agree Disagree 7 of the Korea Foundation for International Healthcare Act Act, I have read and understood the above consent form and the consent form a	rship Program red personal information stated in this ause disadvantage for you due to rogram. d agree and the Article 15 of the Personal	



(2) Consent to Collect and Use Personal Information *Until request for destruction				
a. Consent to collect	and use personal information			
Purpose of Collecting/Using Personal Information	To preserve ground for selection of trainees of Dr LEE Jong-wook Fellowship Program; contact to promote Dr LEE Jong-wook Fellowship Program and encourage participation (e.g., Dr LEE Jong-wook Fellowship Alumni, etc.); check training history of trainees and provide relevant training; and keep statistics on invitational healthcare training			
Personal Information to be Collected	Name, gender, nationality, photo, affiliated institute, affiliated department, position/title, date of birth, home address, telephone number (home), mobile number, e-mail, academic background (school name, period, major and academic degree), previous international program/study experience (duration of stay), experience (institute name, employment period, title/major responsibility), name of recommender			
Period of Retention	From consent to personal information collection			
and Use	to request for its dest			
Right to Refuse Consent	You have right to reject consent to collecting and using consent form. If you refuse to give consent, you cannot Jong-wook Fellowship Alumni, KOFIH project news, and a	use various services such as Dr LEE		
I have read and understood the above consent form and agree to collect and use the personal information.				
	Agree □ Disagree □			
b. Consent to collect and use personally identifiable information				
Purpose of Collecting/Using Personal Information	To check training history of trainees; provide relevant training; and keep statistics on invitational healthcare training			
Personal Information to be Collected	Passport number			
Period of Retention and Use	From consent to personal information collection to request for its destruction			
Right to Refuse	You have right to reject consent to collecting and using personal information stated in this consent form. If you refuse to give consent, it may limit provision of our services such as			
Consent	your application to training programs.	it provision of our services such as		
Consent		it provision of our services such as		
Consent	your application to training programs. I have read and understood the above consent form ar	it provision of our services such as		
Pursuant to the Article	your application to training programs. I have read and understood the above consent form ar to collect and use the personal information.	it provision of our services such as and agree and agree and the Article 15 of the Personal		
Pursuant to the Article	your application to training programs. I have read and understood the above consent form ar to collect and use the personal information. Agree □ Disagree □ 7 of the Korea Foundation for International Healthcare Act Act, I have read and understood the above consent form ar	it provision of our services such as and agree and agree and the Article 15 of the Personal		

04 Consent to Collect and Use Personal Information (2)



(3) Consent to Rele	ease Personal Information to a Third Party *Until request for destruction		
a. Consent to release personal information to a third party			
Personal Information Recipients	Korea Foundation for International Healthcare, National Health Insurance Service, Health Insurance Review and Assessment Service, Korea Human Resource Development Institute for Health & Welfare, Korea Health Industry Development Institute, Office for Government Policy Coordination		
Purpose of Collecting/Using Personal Information	To check training history of trainees, provide relevant training, and keep statistics on invitational healthcare training		
Personal Information to be Collected	Name, Gender, Nationality, Photo, Affiliated institute, Affiliated department, Position/Title, Date of birth, Home address, Telephone number (home), Mobile number, E-mail, Academic background (school name, period, major and academic degree), Previous international program/study experience (duration of stay), Experience (institute name, employment period, title/major responsibility), Name of recommender		
Period of Retention	From consent to personal information collection		
and Use Right to Refuse Consent	You have right to disagree with releasing personal information to a third party. If you choose not to provide the information, you may be unable to use some of our services such as application to training programs.		
to collect and use the personal information. Agree □ Disagree □ h. Consent to collect and use personally identifiable information			
Personal Information Recipients B. Consent to collect and use personally identifiable information Korea Foundation for International Healthcare, National Heal Insurance Service, Health Insurance Review and Assessme Service, Korea Human Resource Development Institute for Heal & Welfare, Korea Health Industry Development Institute, Offi			
***************************************	for Government Policy Coordination		
Purpose of Collecting/Using Personal Information	To check training history of trainees, provide relevant training, and keep statistics on invitational healthcare training		
Personal Information to be Collected	Passport number		
Period of Retention and Use	From consent to personal information collection to request for its destruction		
Right to Refuse Consent	You have right to disagree with releasing personal information to a third party. If you choose not to provide the information, you may be unable to use some of our services such as application to training programs.		
I have read and u	nderstood the above consent form and agree to collect and use the personal information.		
Agree □ Disagree □			
Pursuant to the Article 7 of the Korea Foundation for International Healthcare Act and the Article 15 of the Personal Information Protection Act, I have read and understood the above consent form and hereby agree to collect and use the personal information.			



Date	2021	
Name		(Signature)

04 Consent to Collect and Use Personal Information (3)

05 Terms & Conditions of Dr LEE Jong-wook Fellowship Program

** Terms & Conditions of Dr LEE Jong-wook Fellowship Program may be updated early 2021. If any change occurs, KOFIH will announce upon your arrival.

Article 1 (Purpose) Purpose of this guideline is to set forth obligations and others that the Fellows of Dr LEE Jong-wook Fellowship should comply with which is implemented by the Korea Foundation for International Healthcare (hereinafter "KOFIH") under Article 7 of the Act on the Korea Foundation for International Healthcare and Article 4 of the Articles of Association.

Article 2 (Definition of terms) Terms used in this guideline are defined as follows:

- 1. "Fellow" means those who participate in Dr LEE Jong-wook Fellowship after being selected as a fellow of the Fellowship supported by the KOFIH.
- 2. "Training institution" means a healthcare agency selected and commissioned by the KOFIH for the training of Fellows.
- 3. "Relevant authorities" mean institutions who are related to the implementation of Dr LEE Jong-wook Fellowship, and include ministries and agencies of the Korean government, Dr LEE Jong-wook Fellowship Steering Committee and faculty of the training institution, and the ministry of health and the organization of the country Fellow belongs to.

Article 3 (Compliance by Fellows) Fellows should comply with the conditions and instructions required relating to Dr LEE Jong-wook Fellowship by the Ministry of Health and Welfare, KOFIH and teaching medical institution.

- 1. Fellow should participate in the Fellowship in the year training is offered. (Deferral is not allowed)
- 2. Upon receiving the notice of admission to Fellowship, Fellow should submit to the KOFIH the Pledge Statement on Compliance with Fellowship Guideline in [Annex 1].
- 3. If Fellow voluntarily gives up the participation even after being selected, s/he may not re-apply for Dr LEE Jong-wook Fellowship for the following 5 years.
- 4. Fellow should agree to KOFIH collecting information concerning him/her and passing such information onto other relevant parties. Information includes the Fellow's application, pledge statements with signature, and all other information submitted to KOFIH in relation to Dr LEE Jong-wook Fellowship training program.
- 5. Fellow, in principle, will be trained in the training institution designated by KOFIH.
- 6. Fellow will participate in the training under the guidance and supervision of the training institution during the Fellowship, and consult with the teaching professor and Dr LEE Jong-wook Fellowship Steering Committee of the training institution on the study, life and other related matters.
- 7. Fellow should faithfully participate in the training under the guidance of the teaching professor and instructors designated by Dr LEE Jong-wook Fellowship Steering Committee of the training institution and of the instructors designated by the teaching professor, and should endeavor to achieve satisfactory academic progress.
- 8. Fellow will proactively participate in all activities and occasions associated with the training including lectures and tutorials, submit all assignments required by the teaching professor and other instructors, and observe the guideline of the training institution for attendance management.
- 9. Fellow will participate in all evaluation programs conducted by KOFIH and training institution in relation to the Fellowship.
- 10. Fellow will prepare reports (training progress report, result report, etc.) required by KOFIH and training



institution in relation to the Fellowship according to the given guidelines, and submit or give a presentation within the due date.

- 11. Fellow will immediately inform the teaching professor and Dr LEE Jong-wook Fellowship Steering Committee of the training institution of any personal or family circumstances such as health problems or family problems which may seriously affect the study during the Fellowship.
- 12. Fellow, in principle, will not purchase personal vehicles with their allowances provided by KOFIH due to safety concerns and concentration on the study.
- 13. In cases where Fellow does not follow Article 3 (Compliance by Fellows) during the Fellowship in Korea and is considered substantially poor in the training performance, Dr LEE Jong-wook Fellowship Steering Committee of the training institution will issue a warning to the Fellow after consultation with the teaching professor.

Article 4 (Vacation) Fellow may have vacation within the period designated as the followings on the condition that it does not affect the study and Fellow obtains prior approval from the training institution.

- 1. Fellow may have paid-leave within 2 weeks a year (for 1-year training) or within 1 week a year (for 6-9 month training) or within 3 days a year (for 3-month training) including holidays for which per diem is provided. This includes Fellow's visit to the home country for personal reasons or trip abroad.
- 2. Before using a vacation, Fellow should obtain prior approval from his/her teaching professor, notify such to the Dr LEE Jong-wook Fellowship Steering Committee, and report to the teaching professor immediately after returning from the vacation.
- 3. KOFIH and training institution will not pay any other allowances (visa, airfare, accommodation, etc.) than those stated in Paragraph 1 of Article 4 for the personal trip to the home country or personal trip in and outside Korea made during the vacation.
- 4. If vacation exceeds the period designated for vacation, per diem is not provided for the exceeded number of days and they will be considered as absent.
- 5. Fellow is not allowed to leave early for the home country before the completion of Fellowship by using vacation around the time of Fellowship closing.

Article 5 (Temporary departure)

- 1. Fellow, in principle, will refrain from temporary departure during the Fellowship except visit to the home country, overseas trip in relation to Dr LEE Jong-wook Fellowship under the guidance of teaching professor or training institution (attendance in academic conference overseas, Fellowship consulting in the home country, etc.), and visit to the home country or overseas trip during the vacation for which prior approval is obtained.
- 2. Fellow who departs temporarily during the approved vacation should obtain prior approval of teaching professor and submit the Pledge Statement in [Annex 2] to Dr LEE Jong-wook Fellowship Steering Committee of the training institution. If Fellow departs temporarily despite disapproval of the teaching professor, per diem for the relevant period is suspended or refunded, and s/he will get a warning from Dr LEE Jong-wook Fellowship Steering Committee of the training institution.

Article 6 (Accommodation)

- 1. Fellow will reside in the accommodation designated by the training institution during the Fellowship and may not change the accommodation provided by training institution without permission (Environment of the accommodation may vary depending on the training institutions assigned).
- 2. Fellow should primarily follow the policy set by the training institution for the environment and management of the accommodation provided by the training institution. If change is necessary, Fellow should have a consultation with the training institution to make a decision.
- 3. If Fellow resides in the commune accommodation which is shared with other Fellows, cohabiting with persons other than Fellows for the long term is prohibited in principle. If necessary, Fellow is required to have a prior consultation with training institution to determine entrance permission.



4. Major furnishings and appliances of the accommodation which are damaged or lost by Fellow's intention or negligence should be compensated to their original state in principle.

Article 7 (Per diem)

- 1. Per diem for Fellow's stay in Korea is paid in accordance with the payment standard of KOFIH, and by training institution in the way decided by Steering Committee of the training institution.
- 2. In case of Fellow's delayed arrival, returning to the home country in the middle of Fellowship, etc. KOFIH and training institution will pay per diem after cutting the amount for the relevant days. When the per diem is already paid, the amount for the relevant days may be collected from the Fellow.
- 3. If Fellow arrives in Korea before the Fellowship starting day designated by KOFIH, the per diem for such days will not be paid.

Article 8 (Supporting, accompanying or inviting family)

- 1. KOFIH and training institution will not provide any support for the dependents of the Fellow in his/her home country.
- 2. If Fellow should invite necessarily his/her family for temporary stay during Fellowship, s/he must consult this with Dr LEE Jong-wook Fellowship Steering Committee of the training institution. Training institution may not approve such temporary stay of inviting family when it is considered to affect the Fellow's study. If Fellow does not follow such decision, s/he will get a warning from Steering Committee of the training institution.
- 3. When Fellow brings his/her family for temporary stay in Korea after obtaining prior approval of the training institution, KOFIH and training institution will not be responsible for safety and security of such family during their stay in Korea, and will not provide any support relating to the invitation and stay.

Article 9 (Withdrawal)

- 1. Fellow, in principle, is not allowed to withdraw from the Fellowship at his or her discretion once the training starts (including local preliminary training).
- 2. Fellow may withdraw from the Fellowship with valid personal reasons or issues from his/her home country (health problems, disaster in home country, etc.), if training institution obtains approval from KOFIH after consultation between the Fellow and training institution. In this case, Fellow may not reapply for Dr LEE Jong-wook Fellowship for the following 5 years.
- 3. Fellow who withdraws from the Fellowship at his/her discretion may not apply for Dr LEE Jong-wook Fellowship or other educational programs of KOFIH in the future.

Article 10 (Warning and status suspension)

1. If Fellow gets warnings from the training institution at least the number of times below, payment of his/her per diem is suspended, and warning is issued to suspend the Fellow status.

Training period	l year	6-9 months	23 months
No. of warnings	4 times	3 times	2 times

- 2. If Fellow gets warnings from the training institution at least the number of designated times under Paragraph 1 of Article 10 and warning is issued to suspend the Fellow status, the training institution holds the Deliberation Committee which involves the KOFIH, and deliberates and decides the suspension of the Fellow status. When such suspension is decided, KOFIH may order him/her to return to the home country even before Fellowship ends with the notice of restriction on the Fellowship participation. Relevant authorities including the agency the Fellow works for and Ministry of Health in the country of the Fellow will also be informed as such.
- 3. Fellow may not be involved in political activities or employed in any form for personal profit in Korea. In



case of violation, KOFIH may suspend the Fellow status and accordingly order him/her to return to the home country.

4. If Fellow's training or status is suspended under Article 9 (Withdrawal) and Article 10 (Warning and status suspension), s/he may not apply for Dr LEE Jong-wook Fellowship or other programs of KOFIH in the future.

Article 11 (Returning home and to original job post) Fellow will return to the home country upon completion of the Fellowship program.

- 1. Fellow may not extend the length of the training program or stay for personal convenience. Neither KOFIH nor training institution will provide any assistance and be responsible for an extension of his/her stay.
- 2. Fellow should either return to his/her original job post or remain employed in a relevant field for at least 5 years in the home country. If Fellow fails to comply with this obligation, KOFIH may request the refund of part of training cost to the Fellow after consultation with the Ministry of Health and the agency the Fellows works for in the country of the Fellow.
- 3. Fellow, after returning home, will proactively participate in any training and activities (including local refresher training and consulting, evaluation on application of the techniques learned, alumni activity) which will take place related to Dr LEE Jong-wook Fellowship in the local settings.

Article 12 (Others)

- 1. KOFIH will not provide any insurance support outside the limit and period covered by the health and damage insurance provided for the Fellows.
- 2. KOFIH will not take any responsibility for damage or loss of the individual, intentional negligence, matters irrelevant to the Fellowship, or disease, injury or death of the Fellow from previous medical history, which may occur in the process of arrival and departure, and during the Fellowship.

Addendum

Article 1 (Enforcement date) This Guideline takes effect from the date of approval of KOFIH President.



[Annex 1]

Pledge Statement on Compliance with Fellowship Terms & Conditions

WILLIE TO CONTROL OF C			
President of the Korea Foundation for International Healthcare (KOFIH) Fellow's Name: Nationality: Agency: Training: 20Dr LEE Jong-wook FellowshipTraining Program Training period: 20 ~ 20			
I. I was informed of the Guideline for Dr LEE Jong-wook Fellowship from the KOFIH and am fully aware of the Guideline, thus I pledge that I will faithfully comply with the Guideline. And I pledge that I will take responsibility and disadvantage for any matters arising from my non-compliance with the Guideline. I. I acknowledge that medical and clinical practice may be limited during the Fellowship in Korea without the approval of the Minister of Health and Welfare under Article 27 of the Medical Services Act (prohibition of unlicensed medical practice) and Article 18 of the Enforcement Rule of the Medical Services Act (medical practice of foreign license holder) of the Republic of Korea, which do not allow medical practice for foreign doctors. I agree that the training content and method of the training institution for the Fellows may follow the above laws. I. I agree that the KOFIH shares my Pledge Statement to which this guideline is attached with my training institution, and the agency I belong to, Ministry of Health, government agency I belong to and the agency I was recommended from in my country.			
Name of Fellow: (signature)			



[Annex 2]

Confirmation of Temporary Departure Approval and Pledge Statement on Returning to Fellowship

Chair of Dr LEE Jong-wook Fellowship Steering	g Committee of 000 (Name of training institution)		
Fellow's Name:			
Nationality:			
Agency:			
Name of training institution:			
Name of teaching professor:			
Training: 20 Dr LEE Jong-wook Fellowship	Training program		
Training period: $20\sim 20$			
Departure period: $20\sim20$			
Reason for departure:			
 I obtained prior approval from the teaching professor I pledge that I will return to the Fellowship immediate I pledge that I will immediately inform the teaching professor Committee of the circumstances during the above depart Fellowship. 	ely after the above departure period ends. offessor and Dr LEE Jong-wook Fellowship Steering		
Date: 20			
Teaching Professor	(Signature)		
Name:	(Digitature)		
Fellow			
Name:	(Signature)		

[Appendix 1-2]

2021

Korea Foundation for International Healthcare
Dr LEE Jong-wook Fellowship Program
Recommendation Form









CONTENTS

01 Recommendation Letter	
02 Consent to Collect and Use Personal Information	7

* '2021 KOFIH Dr LEE Jong-wook Fellowship Program Admission Guidelines' and appendix are available for download at: https://imsohit.kofih.org/



A. Application In	ıformation		
Course Title			
Country			
I	d		
B. Applicant Info	ormation		and the second s
	First Name		the state of the s
Name *as in the passport	Middle Name		and the same of th
	Family Name		
Affiliation			
Department			
Position			
And the second s	<u> </u>		
C. Recommender	· Information		
	First Name	MARK MARK	Line .
Name *as in the passport	Middle Name		
	Family Name		
Affiliation			
Department			
Position			
Address			
Tel		Fax	
Email			



D. Questions
(1) Why do you recommend the applicant for this program? *Less than 200 words.
the strength and weakness of the applicant? *Locs than 200
(2) What do you consider is the strength and weakness of the applicant? *Less than 200 words.
WOI US.



(3)	How will the applicant contribute to the improvement of his/her country and
	organization after the completion of the program? *Less than 200 words.
	Lish wight affect the applicant's
(4)	Do you know any physical and mental condition which might affect the applicant's
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200 words.
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200
(4)	performance during invitational training in Korea? If yes, please explain. *Less than 200



(5) Below is a list of virtue Dr LEE Jo	ng-wook F	ellowship I	Program s	eeks in the	e fellows.
Please mark '√' in the appropriate box.					
Criteria	Very Good	Good	Fair	Poor	Very Poor
Attitude to Learn					
Sufficient Knowledge and Skill		E Li			
Clear Study Plan & Objective					
Confident Motivation					
Understanding of Dr LEE Jong-wook Fellowship Program			100		
Expected Post-Training Commitment					
Post-Training Capacity Development Plan					
English Proficiency					

This is to certify that I recommend the stated applicant for 2021 KOFIH Dr LEE Jong-wook Fellowship Program.

Date	DD / A	AM / YYYY
	First Name	
Name	Middle Name	(Signature)
	Family Name	



02 Consent to Collect and Use Personal Information

- Pursuant to Article 7 of the Korea Foundation for International Healthcare Act and the Article 15 of the Personal Information Protection Act, KOFIH is required to receive 'Consent to Collect and Use Personal Information' from the information providers.
- · Please read carefully and complete below documents.

Consent to Collect and Use Personal Information *Until the program is completed				
Purpose of Collecting/Using Personal Information	o confirm personal information and evidential documents necessary for Dr LEE Jong- ook Fellowship Program			
Personal Information to be Collected	lame, affiliation/title, address, contact number/fax number, e-mail			
Period of Retention and Use	Until Dr LEE Jong-wook Fellowship Program Training is completed			
Right to Refuse Consent	You have right to reject consent to collecting and using personal information stated in this consent form. If you refuse to give consent, it may cause disadvantage for you due to unconfirmed materials for Dr LEE Jong-wook Fellowship Program.			
I have read and understood the above consent form and agree to collect and use the personal information. Agree □ Disagree □				
Pursuant to the Article 7 of the Korea Foundation for International Healthcare Act and the Article 15 of the Personal Information Protection Act, I have read and understood the above consent form and hereby agree to collect and use the personal information.				
Date	Date 2021			
Name (Signature)		(Signature)		