

Required Supporting Documentation

Attach face
photo
(3cm x 4cm)

Clerkship Agreement

- (1) I agree to comply with all the regulations applied to foreign visiting trainees by Toho University Faculty of Medicine (TUFM) for the successful completion of clinical clerkship at its teaching hospitals.
- (2) I understand that I am responsible to the Dean of TUFM during the clerkship period.
- (3) I agree not to seek or accept paid employment during the clerkship period.
- (4) I agree not to perform any medical activities that are prohibited to those without a Japanese medical license, such as prescribing medication or signing medical certificates.
- (5) I agree to ask attending physicians for permission before engaging myself in medical activities.

Applicant Name: _____

Applicant signature: _____

Date: _____