



Fall Semester 2009

Taiwan ICDF International Higher Scholarship

International Nursing Master of Science Program
International Nursing Master of Science Program

National Taipei College of Nursing

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International Nursing Master of Science Program

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Introduction of College

National Taipei College of Nursing (NTCN) is located on 365, Ming Te Road, Peitou District, Taipei, Taiwan. Founded in 1954, NTCN was first known as "Taiwan Provincial Junior College of Nursing." In August 1994, it was upgraded as fully-fledged college and become the first independent nursing college in Taiwan. Upon the demand for nursing taskforce, NTCN has pioneered the nursing education in Taiwan, such as senior high school nursing program, three-year nursing college program, five-year nursing college program, two-year nursing college program, and comprehensive nursing college program. This achievement became a chapter of nursing education history in Taiwan.

After being upgraded in 1994, NTCN offers two and four-year undergraduate nursing programs. Master-degree nursing program was opened in 1998 to provide nursing professionals the opportunity for advanced study. Beginning in May 2005, school of nursing started to enroll students in the doctoral program

Program Overview

The program is provided by the school of nursing, which is the biggest as well as most sophisticated department in NTCN. By having educated countless nursing specialists, we have accumulated abundant teaching experience and distinguished research accomplishment which can fulfill your every need of being a nursing professional.

The program aims to provide a path towards professional development for licensed registered nurses by concentrating on broadening students' horizons of knowledge of international health and human illnesses as well as cultivating research capacity and leadership in nursing care. The students will earn the "Master of science (major in nursing)" degree from the Graduate Institute of School of Nursing after the two-year scholarship program is successfully completed.

Courses

- Total Credits(30): minimum 27 credits plus 3 thesis credits
- Required core courses:

Course Title	Credits
Research Methodology	3
Nursing Theory	2
Public Health	3
Advanced Bio-statistics	3
Curriculum Design and Development in Nursing	3
Advanced Health Care I	3
Advanced Nursing practicum	3
Advanced Health Care II	3
Master Thesis/ Project	3

- Elective courses:

Course Title	Credits
International Health Policy and Practice	3
Independent Study I	1

Qualification

Eligibility for application is limited to students,

- who do not have the overseas Chinese status and do not hold a Republic of China passport for at least the past eight years,
- who have a bachelor's degree in fields related to nursing at national or registered private universities and independent colleges, or foreign universities and colleges approved by the R.O.C. Ministry of Education and
- who have the evidence of English proficiency that is equivalent to the TOEFL computer-based test score of 173 (or paper-and-pencil test score of 500) or higher. The applicants those who are recommended the R.O.C. embassies or representative offices would receive a preferential consideration and may be waived from the formal English test, if they have been examined to have English proficiency by the R. O. C. embassies or representative offices.

※A Tip for TOEFL Test:

All applicants who have not received a bachelor's degree (or higher) from an educational institution in the United States or from one of the exempt countries (Canada, the U.K., the Republic of Ireland, New Zealand, or Australia) are required to submit official IELTS or TOEFL scores in order to be considered for admission . The test is administered by Educational Testing Service. Information regarding the TOEFL is available at www.toefl.org.

Program Duration

It is a policy of the ICDF scholarship that the duration for this master's program is limited to **two years**. International students shall successfully pass all courses and complete a master thesis within two years and receive the Master of Science degree conferred by the National Taipei College of Nursing in accordance with the laws of the R.O.C. Ministry of Education. If a student fails to finish the requirements for the master's degree within the stipulated time period, the scholarship provided by the ICDF shall not be extended. Those who have completed all the required courses may continue to complete the thesis with other funding sources upon the approval of one's national government, the ROC Ministry of Foreign Affairs, and ICDF.

Deadline for Application

All completed application materials must be received by the National Taipei College of Nursing through the R.O.C. embassies or representative offices **before April 30, 2009**. Any late submission of application will not be accepted.

Admissions

1. The following items must be submitted with the application when applying to the National Taipei College of Nursing.
 - Application form
 - **One photocopy of diploma** of the highest degree attained (with official translation to Chinese or English if in other languages) **and official transcript** of the degree program in English. The diploma shall be subject to validation by the R.O.C. embassies or representative offices in accordance with requirements of the R.O.C. Ministry of Education.
 - Certificate of health status within 3 months(*please refer to NTCN medical record form*), **which must include test for HIV** as required by the Department of Health, Executive Yuan, R.O.C
 - One recommendation letter
 - One statement of purpose
A 500-1000 word statement concerning your past work, preparation for the intended field of study, relevant background and interests, academic plans, and career objectives is required. It should be used to describe your reasons for applying to NTCN or program. This statement may assist the admissions committee in evaluating your aptitude and motivation for graduate study.
 - Evidence of English proficiency—all applicants must pass oral exam conducted in English at the R.O.C. (Taiwan) embassy or representative office stationed in the respective country, or submit tests of English within the last two years. The students examined by the embassy to have English proficiency equivalent to TOEFL computer-based test score of 173 (or paper-and-pencil test score of 500) or higher can be waived the formal TOEFL test.
 - Other supporting documents such as publications, awards, academic honors or curriculum vitae. (optional)
2. Application forms and relevant materials must be forwarded by the R.O.C. embassies or cultural offices to the following address:

Office of International Nursing Program
School of Nursing
National Taipei College of Nursing

No.365, Ming Te Road, Peitou 112, Taipei, Taiwan (R.O.C.)
Tel: 886-2-28227101 Extension 3306 or 2731 Fax: 886-2-28206729
E-mail: yiukang@ntcn.edu.tw

3. No application with missing articles or incomplete forms will be accepted by the National Taipei College of Nursing. No late submission or any make-up practice will be accepted.

Notification of Admission and Registration

1. As soon as we receive your application materials, we will inform you via e-mail with your application status.
2. After being reviewed and approved by the International Nursing Program, applications will be submitted to the Committee of International Student Admission at the National Taipei College of Nursing for final approval.
3. After being notified of admission, students must complete registration procedures within the specified time. Late registration will not be accepted.
4. If any information provided by the student was found falsified, student shall be denied of admission.
5. Students must provide original diploma at registration and official English translation is required if the original document is in other languages.

Scope of Scholarship

1. Entitlements:

The scholarship, including airfare (**Round-trip**), housing, tuition, credit fees, insurance, book costs and a monthly allowance, will be provided to each student. The scholarship is itemized as follows:

- Airfare—the ICDF shall provide one economy class ticket **for** the most direct flights **to and from** Taiwan.
- Housing— the scholarship shall cover the rents of the graduate students' dormitory at the National Taipei College of Nursing.

- Tuition fees—the scholarship shall cover registration and tuition fees at the National Taipei College of Nursing.
- Credit fees—the scholarship shall cover the fees for the credits required for obtaining the M.S. degree at the National Taipei College of Nursing.
- Insurance—in addition to the mandatory insurance, students shall be insured for accidental and medical coverage while they are in Taiwan. The insurance fees will be paid by the scholarship.
- Book costs—assigned textbooks shall be provided upon the approval of the Graduate Institute of Nursing.
- Allowance—each M.S. Program students shall receive NT\$15,000 per month (NT\$180,000 per annum) as allowance for food and miscellaneous living expenses. The sum will be deposited monthly into students' local bank account.

2. Merit awards:

Merit award for excellent academic performance—Students with an average semester grade better than 80 will be considered as candidates for the merit awards. The awards provide NT\$15,000 for the student with the best grade, NT\$10,000 for the student with the second best grade, and NT\$8,000 for the student with the third best grade.

Notices

1. Nursing Program students must complete a minimum of 27 credits in courses and 3 credits either in a master thesis or a clinical project.
2. Nursing Program students must take 26 required credits (including Research Methodology, Nursing Theory, Public Health, Advanced Bio-statistics, Advanced Health Care I, Advanced Nursing practicum, Advanced Health Care II), and 5 credits of elective course.
3. Waiving of the required courses may be granted upon the review and the approval of the Education Committee of the International Nursing Program if the student had successfully completed the same course in recent five years. Waiving of the required courses may be approved by the Education Committee if the program instructor acknowledges that the working experience of the student is related to the content of the courses.



NTCN

APPLICATION FOR ADMISSION

Only one application can be submitted; multiple applicants will not be processed

Office of International Nursing Program

National Taipei College of Nursing

No.365, Ming Te Road, Peitou 112, Taipei, Taiwan (R.O.C.)

BIOGRAPHICAL INFORMATION

Name: _____
last (family) suffix first middle

Do you have or have you gone by any other name? No Yes

Name: _____
last (family) suffix first middle

Home address: _____
number, street, and apartment

city

state or province

postal or zip code

country

Current telephone number: _____ Fax number: _____
country code/area code/ number country code/area code/ number

Final date you can be reached at above address: _____
month/day/year

Is current mailing address identical to home address? No Yes

Current mailing address: _____
number, street, and apartment

city

state or province

postal or zip code

country

E-mail address: _____

Date of birth: _____ Age: _____ Gender: Male Female
month/day/year

Citizenship: _____ City of birth: _____ Country of birth: _____
Country

LEGAL GUARDIAN

Name: _____
last (family) suffix first middle

Date of birth: _____ Age: _____ Gender: Male Female
month/day/year

※ Attach recent 3 months bust photograph here (about 1"x 2")

Citizenship: _____ City of birth: _____ Country of birth: _____
country

Home address: _____
number, street, and apartment

_____ city state or province postal or zip code country

Current telephone number: _____
country code/area code/ number

E-mail address: _____

Occupation: _____ Relation to the applicant: _____

ACADMIC INFORMATION

Proposed degree: M.S.

Proposed field of study: Nursing of Science

Major subject or concentration: _____

Proposed term and year of admission: Fall _____
Year

List all colleges or universities you have attended or now are attending:

1. _____
institution
_____ city _____ state _____ country
_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

2. _____
institution
_____ city _____ state _____ country
_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

3. _____
institution
_____ city _____ state _____ country
_____ entering date (mm/yy) _____ leaving date (mm/yy) _____ major subject _____ degree _____ date /

GRADE POINT AVERAGE

※ Please enter your grade point average (GPA) information. Please figure your average by using either the A-F system or the numerical system (0-100, 0-20 scale, etc.) To compute the GPA on the A-F system, take the total number of credit hours of As and multiply by 4; the number of credit hours of Bs by 3; Cs by 2; Ds by 1; Fs by 0. Add these results to get the total number of Grade points. Now add all of the credit hours of As, Bs, Cs, Ds and Fs. Divide the total number of Grade points by the total number of credit hours. If your school uses a system of plus or minus Grades and assigns a value to the plus or minus Grades, for example A=4, B+=3.33, then you should use that system in computing the GPA. Courses Graded on the Pass/No Pass, or S/U scale should not be figured into the GPA.

A-F GPA (Overall Undergraduate): _____
* **

A-F GPA (Overall graduate, if applicable): _____
* **

Numerical GPA (Overall Undergraduate): _____
(e.g., 1-5, 1-10, 1-20, 1-100)

Numerical GPA (Overall graduate if applicable): _____
(e.g., 1-5, 1-10, 1-20, 1-100)

LANGUAGE PROFICIENCY

Language	Reading	Listening	Speaking	Writing
Chinese	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
English	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
Others	R	L	S	W
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L
	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> L

※ E: excellent, G: good, F: fair, L: limited

TEST SCORES

TOEFL (if applicable)

TOEFL tests must have been taken within the last two years. If your test date is older than two years, please schedule to take the TOEFL again.

Native Language: _____

Test ID: _____

IBT: *(Taken after Sept. 1, 2005)*

CBT or PAPER TEST:

Test date: _____

Test date: _____

Listening: _____

Section1: _____

Reading: _____

Section2: _____

Speaking: _____

Section3: _____

Writing: _____

Total: _____

Total: _____

ESTIMATED EXPENSES

Finances must be secured for a minimum of two years for a master's program.

Yearly totals must meet or exceed the minimum estimated annual expenses shown below.

Please keep in mind that the estimates for living expenses are approximations and that, depending on your lifestyle, these cost may be higher. Transportation to and from Taiwan is not included in these estimates

2009-2010 Estimated Annual Expenses

\$(Us dollars)

<i>Breakdown of Costs</i>	<i>Annual</i>
Tuition and fees	\$2136
Room and Board	\$1453
Book and Supplies	\$606
Living Expenses	\$2909
Health Insurance	\$219
Total	\$7323

STATEMENT OF UNDERSTANDING

I certify that the information on this application is complete and accurate. I understand the following:

1. that this form is only for applicants who do not have overseas Chinese status and do not hold a Republic of China passport, except for applicants who hold Hong Kong or Macau citizen status. Foreign applicant who held R.O.C. citizenship within the past eight years is not eligible for application. The provision specified in the preceding paragraph "eight years" is from the loss of R.O.C. nationality to the first term beginning on the calendar of NTCN.
2. that misrepresentation of application information is sufficient grounds for denial of admission and for cancellation of admission or registration;
3. that submission of fraudulent credentials may also be a criminal offense;
4. that due to a perceived increase in forged transcripts the admissions office will write to the schools of selected students and verify their credentials;
5. that if a student's transcripts are forgeries, the NTCN will drop the student from The Graduate School and may refer the matter to law enforcement authorities for prosecution;
6. that official notification of admission or rejection is sent only by Office of International Nursing Program;
7. that foreign students who have already completed in Taiwan the applied degree program or have been expelled from university are not eligible to re-apply for admission. Breaking this rule would result in immediate cancellation of the applicant's admission or the deprivation of the applicant's recognized status as NTCN registered students.

Signature (Full Name) _____

Date of application _____ (Day/ Month/ Year)

NTCN

National Taipei College of Nursing
Office of International Nursing Program
No.365, Ming Te Road, Peitou 112, Taipei, Taiwan

RECOMMENDATION FORM

*The applicant should complete all relevant sections below and submit this form to the person providing a recommendation. Materials submitted in support of application become the property of the College, and neither originals nor copies will be provided.
(please type or print)*

TO BE COMPLETED
BY THE APPLICANT

<i>LAST/FAMILY NAME</i>	<i>FIRST/GIVEN NAME</i>	<i>MIDDLE/OTHER</i>
<i>DATE OF BIRTH (MM/DD/YYYY)</i>	<i>E-MAIL</i>	
<i>PROPOSED PROGRAM</i>	<i>SEMESTER/TERM AND YEAR FOR WHICH YOU ARE APPLYING</i>	

TO BE COMPLETED
BY THE COMMENDER

You have been requested to provide a recommendation on behalf of the above named applicant to a graduate program at National Taipei College of Nursing. Please assist us in evaluating this applicant's potential academic success and general suitability of the proposed graduate program of study.

The Office of International Nursing Program will greatly appreciate your cooperation in providing an evaluation of the applicant's potential as a graduate student.

IMPORTANT - *Please seal the completed form and your letter in an envelope with your signature across the seal portion. You may return the sealed envelope to the applicant or sent it directly to Office of International Nursing Program, National Taipei College of Nursing, No.365, Ming Te Road, Peitou 112, Taipei, Taiwan (R.O.C.)*

<i>NAME OF RECOMMENDER</i>	<i>POSITION</i>	<i>INSTITUTION</i>
<i>E-mail</i>	<i>Phone</i>	
<i>HOW LONG HAVE YOU KNOWN THE APPLICANT?</i>	<i>IN WHAT CAPACITY?</i>	

1. What makes this candidate especially promising for this specific program when compared to other applicants who may appear equally well-qualified. If for any reason you have substantial reservations about the candidate's potential for success. Please explain. (Attach a separate sheet if necessary.)

2. Please summarize your evaluation by checking your estimate on the following items.

	Lowest 50%	Next Higher 25%	Next Higher 20%	Highest 5%	Truly Exceptional	Unable to Judge
Intellectual and academic ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability and maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability and administrative potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esteem in which the applicant is held by peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esteem in which the applicant is held by faculty or other supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate- a. Orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- b. In writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity (including the ability too see implications and synthesize ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment, industry, initiative, and motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching potential						
Overall competence and potential						

SIGNATURE

DATE (MM/DD/YYYY)

International Cooperation and Development Fund



MEDICAL REPORT

FOR

**International Higher Education
Scholarship Programs 2009**

PART 1: HEALTH DECLARATION

PART 2: MEDICAL EXAMINATION FORM

Applying for: National Taipei College of Nursing (NTCN)
International Nursing Master of Science Program

INSTRUCTION :

PART 1: Personal Details and Health Declaration — to be completed by the applicant

I hereby certify that the following information is true and complete, and agree that any misrepresentation or deliberate omission of a material fact on this form may result in the withdrawal of an offer of a place or scholarship, or may result in the termination of any such offer at a future date. I hereby grant the TaiwanICDF permission to share information contained in my Medical Examination Form with relevant authorities.

X

Signature

Date

PART 2: Medical Examination — to be completed by certified physician

☆National Taipei College of Nursing (NTCN) reserves the right to require the applicant to undergo a future medical examination after he/she arrives in the Republic of China (Taiwan).

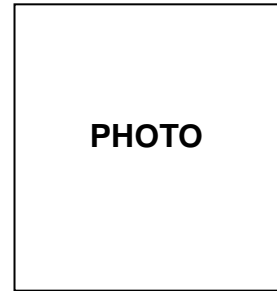
PART 1: HEALTH DECLARATION

Nationality: _____

Name: (Last) _____

(First) _____

(M. Initial) _____



Gender: Male Female **Date of Birth:** _____ Y/ _____ M/ _____ D/

Health History:

Have you ever suffered any of the following conditions? Please mark X in appropriate box

	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>
Psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (PTB)	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (HPT)	<input type="checkbox"/>	<input type="checkbox"/>	Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus (DM)	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>			

Please State (if any)

Other illnesses

.....

Operation / Surgical

.....

Allergic to

.....

Family Medical History (if any)

Father:..... Mother:

Past Year Life: Please select

1. Sleep: 7~8 hours every day Under 7~ 8 hours Often suffer from insomnia
2. If that is basic to exercise each time for 30 minutes and 3 times every week at least, did you achieve?
 No Yes
4. Do you often feel anxious and worried? Few or not Sometimes Often
5. Do you often feel the chest is stuffy? No Sometimes Yes
6. Stomach-ache? No Sometimes Often;. Headache? No Sometimes Often
7. The menarche (girl only): (1) The age of the menarche: _____ years-old
(2) Is menstrual cycle regular? No Yes(Date of partition _____ day)
(3) Do you ever have menstrual cramp phenomenon No Yes

PART 2: MEDICAL EXAMINATION

Physician must complete all questions and give additional comment where necessary. Kindly note that physician is responsible for the information, suggestions and recommendation regarding the applicant's health given in this form.

Certified original lab data need to be attached as reference.

Name of Applicant:

Date of Birth

Y/ M/ D/

Physical Examination:

HEIGHT : _____ cm

WEIGHT : _____ kg

BLOOD PRESSURE : _____ / _____ mmHg

PULSE RATE : _____ /min

VISUAL ACUITY : R _____ L _____

EYES : normal color anomalous other _____

EAR/NOSE/THROAT : normal auditory meatus abnormal cleft lip and palate
impending infarction allergic rhinitis chronic rhinitis other _____

NECK : normal wryneck goiter the lymphoid swelling of gland is big other _____

CHEST : normal thoracic anomaly core noise arrhythmias other _____

CHEST X RAY : normal advertise for like the tuberculosis pleura effusion thoracic abnormality
tuberculosis calcify the spinal column side is curved up cardiac hypertrophy
bronchiectasis other _____

ABDOMEN : normal hepatomegaly splenomegaly hernia other _____

SPINAL COLUMN ARMS AND LEGS : normal scoliosis frog limb articulation deformity
edema other _____

SKIN : normal wart purple plague scabies a dermatitis other _____

MOUTH CAVITY : normal oral hygiene is poor calculus gingivitis milk tooth other _____

Urine Test:

NAD WBC RBC PROTEIN CLUCOSE

Hepatitis B Test:

POSITIVE NEGATIVE

Serological Test for Syphilis:

POSITIVE NEGATIVE

HIV Test:

POSITIVE NEGATIVE

THE ORIENTATION INSTITUTION WILL REQUIRE A FURTHER HIV TEST AFTER HE/SHE ARRIVES IN ROC (TAIWAN). THE ONE WITH POSITIVE TEST RESULT WILL BE REJECTED AND SENT BACK HOME IMMEDIATELY.

Pregnancy Test:

POSITIVE NEGATIVE

Is the applicant now under treatment for any physical or emotional condition?

.....

Do you have any recommendations for the health care of this applicant?

.....

By history and physical examination, is this applicant a carrier of any communicable disease?

.....

CERTIFICATION BY THE MEDICAL OFFICER:

I certify that I have examined the above applicant and in my opinion:

- The applicant is medically fit to undertake a program in Taiwan
- The applicant suffers mental or physical defects and is NOT in good health

Name of physician, Title :.....

Name of Hospital / Clinic :.....

Address :.....

.....

.....

Not valid if without the hospital or clinic's seal

Contact Information

Contact Person: Chris, Hsu

Tel: 886-2-28227101 ext.3306 or 2731

Fax: 886-2-28206729

E-mail: yiukang@ntcn.edu.tw

Contact Address

Office of International Nursing Program
School of Nursing
National Taipei College of Nursing
No.365, Mingde Rd., Beitou District, Taipei City 112, Taiwan (R.O.C.)

Program webpage

http://system1.ntcn.edu.tw/Nursing/en_nurs/Taiwan%20ICDF%20Scholarship.html

SCHEDULE (FOR 2009-2010 ADMISSION)

Jan. 1, 2009	Application begins
Jan.1-April 30, 2009	Receiving applications
April 30, 2009	Application deadline
May1-June1, 2009	Reviewing applications
Mid-June, 2009	Decision Made
Sept.10-16, 2009	Registration
Sept. 17, 2009	School Begins

*Thank for your interest in our program
We are looking forward to receiving your application*