

The Japan Society of Ultrasonics in Medicine

Application Form for the JSUM Fellowship

Name in Full:

Date of Birth: / /
(Year/Month/Day)

Age:

Place of Birth:

Nationality:

Membership in Academic Societies

Address for Correspondence

Telephone Number:

Facsimile Number:

E-mail Address:

Academic Career (After High School)

Professional Career

Present Position

Ability of Japanese or English language

a. Do you have any ability to communicate in the Japanese language? (Check One) Yes /
No

If yes, how do you evaluate your Japanese language skill?

Elementary / Intermediate /

Advanced

Please attach a copy of official proof or certificate (if you have any) at the end of this application form to support your Japanese language evaluation.

b. Do you have an ability to communicate in the English language? (Check One) Yes /
No

If yes, how do you evaluate your English proficiency?

Intermediate, or below / Advanced / Fluent

Please attach a copy of official proof or certificate (if you have any) at the end of this application form to support your English language evaluation.

Area of Specialization

Desired Fellowship Status (Check One) Research / Training

Would you like to apply for Advanced Clinical Training (Check One) Yes / No
(Please refer to the end of this form for details)

Name of Physician in Charge of the Institutional Department in Japan (Must Have

FJSUM, SJSUM, or EJSUM Certification) (You can find them at <http://www.jsum.or.jp>)

Period of Proposed Research or Training

/ / Through / /
(Year/Month/Day) (Year/Month/Day)

Itinerary after Completion of Research or Training

Remarks

Portrait Photograph

Publications, Including English Translation When Necessary (10 major papers)

1 .

2 .

3 .

4 .

5 .

6 .

7 .

8 .

9 .

10 .