

The Japan Society of Ultrasonics in Medicine  
Application Form for the JSUM Fellowship

Name in Full:

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

Place of Birth:                     Nationality:                     Home town/city :                     Religion :

Membership in Academic Societies:

Address for correspondence:

Phone:                             Fax:                             E-mail:

Academic Career (After High School) ~chronological order~  
Including Year of Entrance and Graduation

Professional Career ~chronological order~  
Including Term and Position For example: Hospital, City, Position, Dates Worked (Period     /     through     /     )  
(Month/Year)                             (Month/Year)

Possession qualification (ex. Medical License)

Present position and address at your institution

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

/ /  
(Month/Day/Year)

Through

/ /  
(Month/Day/Year)

Itinerary after Completion of Research or Training

Remarks

Portrait Photograph

Free description (About the motive that applied for this training)

Publication List, Including English Translation When Necessary (10 major papers)

\*Example

No.	Authors & Title of the article	Name of Journal Vol No: Page, Year
1	Kudo M, Izumi N, Kokudo N, et al: Management of hepatocellular carcinoma in Japan: Consensus-based clinical practice guideline proposed by the Japan Society of Hepatology (JSH) 2010 updated version.	Digest Dis 29: 339-364, 2011.

No.	Authors & Title of the article	Name of Journal Vol No: Page, Year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Presentation List, Including English Translation When Necessary (10 major papers)

\*Example

No.	Authors & Title of the presentation	Name of the congress, Date, Year, City, Country
1	Hatanaka K, Minami Y, Kudo M: Contrast enhanced sonography for hepatic malignancies: Value of defect re-injection test.	The 8th Congress Asian Federation of Societies for Ultrasound in Medicine and Biology (AFSUMB) , November 12-16, 2007, Bangkok, Thailand.

No.	Authors & Title of the presentation	Name of the congress, Date, Year, City, Country
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

# Pledge

I hereby pledge that, should I be granted a JSUM Fellowship, I will conduct myself as follows:

During the period of research or training, I will obey Japanese laws, cooperate with instructors and related personnel, and make every effort to achieve the objectives of the fellowship.

On completion of my research or training, I will submit a related report to the office of JSUM at my earliest convenience.

Immediately on completion of my research or training, I will leave Japan and return to my home country, where I will contribute to the general improvement of medical ultrasound.

Full name (Printed) :

(Signature) :

Date:     /     /

(Month/Day/Year)

# Certification Form of Membership Status

To President of JSUM

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

Applicant's Name:

Nationality:

Date of Birth:

Age:

I hereby certify that the abovementioned person is a member of our society,  
which is affiliated with AFSUMB.

Full name (Printed) :

(Signature) :

Position (President • Secretary) (circle one)

Name of AFSUMB Affiliated Society:

# Certification Form from Your Supervisor

To President of JSUM

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

Applicant's Name:

Nationality:

Date of Birth:

Age:

I hereby certify that the abovementioned person is an employee of my institution and I do recommend him/her as a JSUM fellowship applicant.

✂ Please be sure to submit a letter of recommendation from your supervisor at the institution you belong to.

Full name (Printed) :

(Signature) :

Position :



# Confirmation Letter of Provisional Acceptance

To President of JSUM

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

Applicant's Name:

Nationality:

Date of Birth:

Age:

I shall be delighted to accept the abovementioned person at my department as a JSUM Fellowship training / research doctor, if the JSUM accepts him or her.

Japanese supervisor

Full name (Printed) :

(Signature) :

Institute:

Foreign medical doctors can perform medical practice (Advanced Clinical Training) in Japan if applicants submit the necessary documents to the Japanese government (Ministry of Health, Labour and Welfare) according to the Japanese Law concerning the Exceptional Cases of the Medical Practitioner's Act, Article 17.

Please note that the application procedure by the Japanese government (Ministry of Health, Labour and Welfare) usually takes a couple of months and the application must be started after your arrival.

Documents required for Advanced Clinical Training application are as follows

1. Application for permit for Advanced Clinical Training.
2. The original and one photocopy of your passport, certificate of alien registration, or certificate of voyage
3. Documents which certify that the applicant will return to him/her country, issued by a public agency of the home country
4. The original and one photocopy of your medical practitioners license
5. Documentation providing at least three years' clinical experience
6. Certificate of proficiency in Japanese or English
  - \* Scores of TOEFL or TOEIC is preferable
  - Required scores of TOEFL is 510 and above(PBT)
  - Required scores of TOEIC is 615 and above
7. A medical certificate issued by a medical doctor
8. Certificate from the home country proving the applicant's eligibility for the program in advanced clinical training
9. Statement certifying that the applicant is not ineligible to pursue advanced clinical training in Japan
10. Documentation regarding program of advanced clinical training and written consent
11. Two photographs (full-faced without a hat, 3 cm x 2 cm, taken not more than six months prior to the date of application)

\* The applicants have to prepare the documents of No 1,2,7,9,10 after you arrive at JAPAN.