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| **2022 Korean Medicine Policy Training Program (online)** |

**What is Korean Medicine Policy Training Program?**

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| **Korean Medicine Policy Training Program** is a training program hosted by the Ministry of Health and Welfare, Republic of Korea, and organized by National Institute for Korean Medicine Development (NIKOM) and The Society of Korean Medicine(SKOM). In this program, we invite policymakers from various countries to learn about Korean Medicine, notably Korean Medicine healthcare service, health insurance system, medicinal herbs, and treatments.  This year, due to the global spread of COVID-19, we decided to provide this training program via an online platform. We look forward to welcoming you to learn about, and get familiar with, Korean Medicine. |

**What are the main contents of this training?**

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| 2022 Korean Medicine Policy Training Program would have the following training contents:   * The History and Institutionalization of Korean Medicine * Korean medicine and its system for education * National Health Insurance and Korean Medicine * Korean Medicine system as an independent medical system * Quality Control and Regulations of Herbal Medicine in Korea * Introduction on the Current Status and Latest Results of Korean Medicine R&D * Introduction of organizations related to Korean Medicine * International Standardization Works on Korean Medicine * Obesity therapy for Slim body & Detoxification in Korean Medicine * The evolution of Korean Medicine through modern anatomy * Introduction to Sasang Constitutional Medicine   For details, please refer to the Program Guideline that is separately enclosed. |

**Training Period**

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| Trainees will be asked to complete the designated online course during November of 2022 using his/her computer, tablet, or smartphone. |

**How to Apply**

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| The applicant is asked to fill in the application form (see page 2) and the consent form (see page 3). Please send the file to skom1953@daum.net by 15th October, 2022. |

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| **2022 Korean Medicine Policy Training Program**  **Application Form** |

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| 1. Full Name of the applicant (in the passport): | |
| 2. Telephone No.: (+ ) | 3. Mobile. No.: (+ ) |
| 4. Fax. No.: (+ ) | 5. Email Address: |
| 6. Mailing Address(Incl. Postal code): | |
| 7. Date of Birth(dd/mm/yy) : | 8. Sex(Male or Female): |
| 9. Nationality: | 10. Position / Work Place: |
| 11. Occupation in the last five years (Please start from the most recent one): | |
| |  |  |  | | --- | --- | --- | | Period of Work  (mm/yy – mm/yy) | Position | Work Place | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| 12. Education (Please start from the most recent one): | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Institution | Period of Study  (mm/yy – mm/yy) | Field of study | Degree/Diploma | Language of Study | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |
| 13. English Ability: Mother Tongue [ ], Excellent [ ], Good for Medical field [ ], Basic for travel [ ] | |
| 14. Have you participated in any policy training program funded or sponsored by Korean government? If yes, please fill in the table below. | |
| |  |  |  | | --- | --- | --- | | Period of Training  (dd/mm/yy – dd/mm/yy) | Title of the Program | Hosted/Sponsored by | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

**dd/mm/yyyy**

**Name :**  (Signature)

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| **Consent Form for the Collection, Use, and Disclosure of Personal Information** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To facilitate the screening process and the operation of 2022 Korean Medicine Policy Training Program, the National Institute for Korean Medicine Development (NIKOM) asks for your consent for the collection, usage, and disclosure of the following personal information: Please read the following carefully and indicate whether you agree with the NIKOM’s collection and use of the specified information:  You reserve the right to refuse to provide your consent to any collection or use of your personal information. However, your consent to the “required” items is mandatory for you to be considered for the program.   1. Consent to the Collection and Use of Personal Information (Required)  |  |  |  |  | | --- | --- | --- | --- | | **Information** | **Purpose** | **Retention Period** | **Consent** | | Name, birthday, gender, nationality, telephone number, e-mail address, academic profile, employment records | (Application information) Training program application and screening | 3 Years | Agree  Disagree | | (Participant Information) Participant management during and after the program | Permanent or Semi-permanent |   2. Consent to the Disclosure of Personal Information to Third Parties (Required)   |  |  |  |  | | --- | --- | --- | --- | | **Information Disclosed To:** | **Purpose** | **Retention Period** | **Consent** | | Personal Information Recipients\*  (The Society of Korean Medicine) | Trainee management during and after the program | Permanent or Semi-permanent | Agree  Disagree |   **dd/mm/yyyy**    **Name :**  (Signature) |