FUNDING
The Taiwan Academy of Ophthalmology (TWAO) Academic Exchange Grant will award US$ 2,000 to each approved applicant (maximal three recipients) each year.

ELIGIBILITY
Applicants for the TWAO Academic Exchange Grant must meet the following eligibility requirements:

- Applicant must hold an unrestricted medical license to practice medicine and be a board certified ophthalmologist in his/her own country.
- Applicant must own a foreign citizenship and work in a hospital outside Taiwan.
- Applicant must be fluent in English or Mandarin.
- Applicant must obtain the acceptance of training duration for at least one month in an accredited training program of ophthalmology in Taiwan.

HOW TO APPLY
Applicants should provide the following documents.

- TWAO Academic Exchange Grant Application form
- Curriculum vitae (including publications)
- Letter of acceptance issued by the training program of ophthalmology in Taiwan
- Two letters of recommendation
- Photocopies of passport and medical license
- Employment verification issued by current hospital

The above documents must be received at the office of TWAO by deadline for consideration for the grant next year. Applicants should email or mail their applications to the Academy office. No faxed grant applications will be accepted.

DEADLINE OF APPLICATION FOR 2016 GRANT: OCT 31, 2015

CONTACT INFORMATION
International Academic Exchange Committee
Taiwan Academy of Ophthalmology
No.1, Changde St., Zhongzheng Dist., Taipei City 100, Taiwan
Website: twao.org.tw
Email: twaomail@twao.org.tw
TAIWAN ACADEMY OF OPHTHALMOLOGY
ACADEMIC EXCHANGE GRANT
Application Form

(Attach an extra sheet of paper if needed to answer any questions)

(Please print or type)

Information of Applicant
Name: First_________________________________ Last_________________________________
Citizenship: ___________________________ Date of Birth (mm/dd/yyyy): __________/________/_________ Gender: M / F
Address: ____________________________________________________________
City: ____________________________________________ ZIP: ______________ Country: __________________________
Phone: ______________________________ Email address: __________________________
Institution: ____________________________________________________________
Address of Institution: __________________________________________________
City: ____________________________________________ ZIP: ______________ Country: __________________________

Training Program in Taiwan
Training Institute: _______________________________________________________
Dates of Training: __________/________/_________ (mm/dd/yyyy) to __________/________/_________ (mm/dd/yyyy)
Program Advisor: __________________________ Title: __________________________
Phone: ______________________________ Email Address: __________________________
Description of Training Program:

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Applying or receiving other funding support: _____ No: _____ YES
If YES, please describe: _______________________________________________________

Applicant’s Signature: ___________________________________________ Date: __________________________

Grant Application Form and requested documents must be submitted by mail or e-mail to the Taiwan Academy of Ophthalmology before deadline. No faxed applications will be accepted.