

**Japanese National Physician
Program
United States Naval Hospital
Okinawa, Japan**

Attach passport size color
photograph here.

(5 cm X 5 cm)

EXTERN APPLICATION

Name (Romaji) Last Name, First Name:	Name (Kanji):
Age:	Date of Birth:
Gender:	Home Telephone #:
Cellular Telephone #:	FAX #:
Email Address:	Name of Medical School:
Your Address (Romaji):	Your Address (Kanji):
Medical Student Year (i.e., 5th, 6th, Graduate)	Year of Graduation (if applicable)
Have you taken TOEFL or other English language exam? () YES () NO	
(if yes, please give score & date taken) Date taken : _____ Score : _____	

I hereby apply for medical training at US Naval Hospital Okinawa, Japan. I do not personally advocate the use of force, violence, or illegal activities in opposition to the Treaty of Mutual Cooperation and Security between the United States of America and Japan.

Signature and Date