

MKA e-class PERSONAL INFORMATION CONSENT FORM

(Please fill out the form below. Sign and scan it then send it to mkaglobal@khidi.or.kr)

The Korea Health Industry Development Institute (KHIDI) requires your consent for collecting and using personal information to assess your application under the Article 15(1)1, 17(1), and 24(1)1 of the Personal Information Protection Act.

Purposes of collecting and using personal information

- Manage applications and enable applicants to sign in to the program.
- Provide services for the training program.
- Analyze performance and improve effectiveness of the training program.
- Preserve evidence for selecting trainees.
- Verify the training history and recommend related services that might be of interest to trainees.
- Utilize the information for MKA e-class statistics.
- Communicate with the trainees via different channels (e.g. e-mail).

Information to be collected and used

General information: First name, last name, contact information (e-mail), date of birth, gender, nationality, profession, affiliate, medical license, name of the applying courses, initial access to application information.

Information retention Period: 5 years

Right to Disagree

You may disagree with the collection and use of the personal information. However, if you disagree, you may not be allowed to sign in to use our services.

I agree with the terms and conditions

2020. 12. .

Name

(signature)

MKA e-class APPLICATION FORM

(Please fill out the form below. Sign and scan it then send it to mkaglobal@khidi.or.kr)

Personal Information

First Name	Last Name		
Gender	Date of Birth		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Day	Month	Year
Nationality	Contact Information (e-mail)		

Current Affiliation

Institution/Organization/School	Department	Current position

Years of Working Experience

*Add more rows if necessary

Institution/Organization/School	Department	Number of years

Medical License

Date of first issuance	Specialty
mm.dd.yyyy	

What courses are you applying to? (Please select all that applies)

*Certificate WILL NOT be given to the courses that are selected but not completed.

- SSE Hepatobiliary & Pancreatic Surgery SSE Gastrointestinal Surgery SSE Colon Surgery
 Endoscopic Skill Education Infection Control Education Echocardiography Skill Education
 Medical ICT Education

How did you learn about this program?

- Local government Local medical institution KHIDI Korean medical institution
 Other (please specify: _____)