

# MKA e-class PERSONAL INFORMATION CONSENT FORM

(Please fill out the form below. [Sign, scan and return it to mkaglobal@khidi.or.kr](mailto:mkaglobal@khidi.or.kr))

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

2021. 4. .

Name

(signature)