



SimTiki VIMS Application
Visiting International Medical Student Program

Name:	Year of Medical School <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Year of Graduation
Address:	Phone:	
Email:		
Name and address of your medical school:		
Have you participated in an overseas program previously? <input type="radio"/> Yes <input type="radio"/> No		
Description of your specialty/plan after medical school <input type="radio"/> Undecided <input type="radio"/> I plan to specialize in _____		
How did you hear about the SimTiki Visiting International Medical Student Program? <input type="radio"/> JABSOM Web Site <input type="radio"/> From my Medical School <input type="radio"/> From someone who has been to SimTiki <input type="radio"/> Other _____		
Have you taken a Standardized English Language Proficiency Test? <input type="radio"/> Yes <input type="radio"/> No If Yes – Please enter your score <input type="radio"/> IELTS _____ <input type="radio"/> TOEFL _____ <input type="radio"/> Other _____		
How do you rate your English Language Skills <input type="radio"/> Beginner (Definitely need translation) <input type="radio"/> Intermediate (Ok for daily conversation but sometimes need translation) <input type="radio"/> Advanced (No need translation. I can translate for other people)		
How will your SimTiki VIMS program be funded <input type="radio"/> Self Funded <input type="radio"/> Grant for Scholarship for international study <input type="radio"/> Combination of grant or scholarship and personal funding <input type="radio"/> Other		
Will the SimTiki program fulfill a requirement of your school? <input type="radio"/> Yes <input type="radio"/> No		
Does your school require SimTiki to complete an evaluation of your participation upon completion of the program? <input type="radio"/> Yes <input type="radio"/> No <i>If an evaluation is required by your medical school, please provide the form and instructions for completion.</i>		
Requested Dates: 1 st choice Start: _____ End: _____ Month/Date/Year ___ weeks 2 nd choice Start: _____ End: _____ Month/Date/Year ___ weeks		



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Please describe your personal goals and objectives

What would you like to accomplish by participating in the SimTiki VIMS program?



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We will review your application to assure your needs will be met through our program. An acceptance letter will be sent upon receipt of the registration fee payment. Cancellations made more than 30 days prior to the scheduled program start date will be charged 50% of the program fee as a cancellation fee.

Accommodation:

Student housing is not available at the University of Hawaii School of Medicine (Kakaako) campus. It may be possible to reserve a dormitory room on the University of Hawaii Manoa campus, which is about 40-50 minutes away from the Kakaako campus by bus or 20 minutes by taxi/Uber

If you are interested, please visit student housing services:

<https://www.eastwestcenter.org/campus/housing/visitor-housing>

We will assist with coordination if you are interested in this housing option – Please advise us if you would like to consider staying in University of Hawaii

Private rental housing information is available online.

Airbnb is popular for short term stays:

<https://www.airbnb.com>

We maintain a list of hotels and will make recommendations if you plan to stay in a hotel. Please review our website (www.simtiki.org)

Health Insurance: University of Hawaii/SimTiki does not offer student health insurance. We strongly recommend students to have personal travel insurance during your stay.

Funding: University of Hawaii/SimTiki does not have funding available.

Submit completed application by Email: help@simtiki.org

**Upon receipt and review of your completed application we will forward a letter
of acceptance and details regarding payment**