

Example and translation

YYYY/MM/DD

Dear Minister of Health, Labor and Welfare

Director of Receiving Hospital for Advanced Clinical Training

Applicant for Advanced Clinical Training

YOUR NAME

(Signature)

Written Oath on Purchase of Insurance
for Advanced Clinical Training System for Foreign Doctors

Name and
Sign here

The above-mentioned person, who is planning to receive Advanced Clinical Training (hereinafter referred to as ACT) at the above-specified hospital, shall pledge to purchase Medical Liability Insurance of Sompo Japan Partners Inc. throughout the period for which ACT is permitted in order to meet the required condition of "having the ability to compensate for the damage caused to patients" in an application process for ACT based on the "Law regarding special provisions such as Article 17 of the Doctors Act pertaining to clinical training conducted by foreign doctors etc."

There is no objection to receiving an administrative disposition such as cancellation of permission for ACT when clinical training is conducted without purchasing any insurance. In addition, when the person with the permission for ACT causes an accident, it is pledged that the receiving hospital shall bear all responsibility.