**Agreement Form for Overseas Medical Professionals**

ATTN:

Director of Osaka University Dental Hospital

Date:

I hereby pledge that our trainee accepted into Osaka University Dental Hospital shall follow the terms and conditions as follows.

1. The trainee shall abide by the rules and regulations set by the hospital, and act in a disciplined manner at all times.

1. We shall take full responsibility at the time when the trainee causes any damage in any way due inadvertent or deliberate intent.

1. We will not object to any harm caused to the trainee due to accidents by force majeure.

1. The trainee shall protect and not disclose any confidential and personal patient information to third parties, and we will adhere closely to the Personal Information Protection Law of Japan when teaching the trainee to do so.

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_