

DIVISION OF PHYSICAL MEDICINE AND REHABILITATION
Department of Clinical Neurosciences | University of Calgary

APPLICATION FOR CANCER REHABILITATION FELLOWSHIP

Our Program accepts applications starting July 1 until August 31 every year, for the subsequent academic year. For further information, please refer to our Fellowship Overview Document (in progress).

Name:

Date:

Date of Birth:

Address:

Telephone #:

Email Address:

Specialty Certification Applicant Holds as of June 30 prior to Fellowship:

OR

Specialty Applicant is Board Eligible for:

(Applicable only for Canadian Applicants)

Title of Certification:

Country of Issuing Certification:

Was your Medical School Training conducted in the English Language?

Yes

No

(If you selected "No", please refer to point number 6 in the "Application Requirements" section on page 2.)

Please indicate your proposed type of Fellowship:

Clinical Only

Clinical-Research Combination

Please indicate your proposed duration of Fellowship: _____ months (Please note, our program focuses on 12 month fellowships, but 6 month & 18-24 month fellowships may be considered based on applicant goals)

Please indicate your source of funding if applicable:

Funding through Applicant's University, Hospital or other Organization**

Partially Funded through Applicant's University, Hospital or Other Organization**

Funding to be requested by Supervisor's hospital or as specified on Supervisor's job contract

***Applicants who will be funded or partially funded by their University, Hospital, or Other Organization must provide written evidence of support from the sponsoring agency, specifying the amount of funding to cover the training period. The letter must be written on the sponsor's letterhead. The minimum amount of funding for applicants (total from all sources) is equivalent to the scale of remuneration of a first year Canadian Medical Resident in Alberta – CAD \$58,934 per annum (effective July 1, 2023).*

APPLICATION REQUIREMENTS

Please provide the following attachments with your application:

1. **Curriculum Vitae**
2. **Cover Letter** indicating your training to date, date of specialty certification or date of Board eligibility, your career goals and how the fellowship can help you achieve these goals. Additionally, where and how you will use the knowledge you will gain from this fellowship.
3. **Citizenship** (i.e. Passport)
4. Copy of **Medical Degree, Specialty Degree** (if applicable), and your **Medical Academic Record/Transcript** (ex. Grades, achievements, etc.) *Note: if the certificate(s) are not in English, they will need to be translated to English and notarized, and submitted along with the original copy.*
5. **Three (3) Letters of Reference**
6. **Non-Canadian Trained Applicants**, where **medical school training was not conducted in English**, a **copy of TOEFL iBT or IELTS (academic version)** results are required.

Please submit applications to via email to our Fellowship Coordinator: daphne.bates@ahs.ca

Any further inquiries can be directed to the Fellowship Committee in care of:

Dr. George Francis, Fellowship Director

C/O Daphne Bates, Fellowship Coordinator

Foothills Medical Center, 11th Floor - Room 1195

1403 - 29th Street NW, Calgary, AB T2N 2T9

Phone (403) 944-2061 Fax (403) 270-7878

Email: daphne.bates@ahs.ca | George.francis@ucalgary.ca

Please note there is a **different application process for sponsored candidates from Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates.**

Due to the Faculty's contractual obligations with these countries, applications are to be submitted through the Post-Graduate Medical Education Office. For more information on how to begin your application and your sponsorship funding process, please contact pgme@ucalgary.ca

Once processed, the University will forward your application to our program by the Physical Medicine & Rehabilitation Fellowship Committee.

