**Department of Medicine, University of Toronto**

**UNFUNDED FELLOWSHIP**

Department of Medicine Guidelines for Unfunded Fellowship Candidates

The Department of Medicine has agreed that an unfunded fellowship application may be approved under the following conditions:

1. All applications for unfunded fellowships must be submitted to the Unfunded Fellowship Review Committee for review and approval.
2. The departmental application form (attached) for unfunded fellowships must be completed.
3. The candidate must provide a statement describing his/her goals of the fellowship as well as a copy of his/her CV.
4. The candidate must provide a signed statement that he/she has the ability to support himself/herself financially during the fellowship with the minimum level of funds indicated in the PGME Orientation Manual for a single fellow or a fellow with a family.
5. The fellowship supervisor must attend a meeting of the Unfunded Fellowship Review Committee to discuss the application.
6. The fellowship appointment should not be for more than one year. Requests for extension will be reviewed by the committee.
7. There must be clear objectives for the fellowship, and the expectations of the fellow must be clearly described. There should be no call requirements for these fellowships.
8. The Unfunded Fellowship Review Committee must receive a progress report from the supervisor at 6 months into the fellowship.
9. The responsible program/division must make every effort to provide some funding for this fellowship.
10. All fellows must have WSIB coverage. This should be paid by the supervisor, program or training site.
11. For Research Fellowships: the fellowship must not include any clinical contact for the care of patients or on-call activities. Research fellows registered in the Department of Medicine must meet the same standards as clinical and clinical-research fellows.

**UNFUNDED FELLOWSHIP APPLICATION FORM**

Unfunded fellowships must be reviewed and approved by the Department of Medicine Unfunded Fellowship Review Committee prior to approval of the candidate’s participation in a fellowship program. This form must be completed by the candidate and supervisor and submitted for review by the Committee. The supervisor must attend a meeting of the Committee to discuss the application.

Please submit a completed form for each potential candidate to Jennifer Fischer at Fellowships.Medicine@utoronto.ca .

Date: Click or tap to enter a date.

**Candidate Information**

Name of Candidate: Click or tap here to enter text.

Candidate’s eligibility for CPSO license

* Specialty Certification in: Click or tap here to enter text.

Citizenship: Click or tap here to enter text.

Are you a permanent resident in Canada: Yes [ ]  No [ ]

Have you applied to the CaRMS Match: Yes [ ]  No [ ]  Currently Applying [ ]

If not a certified specialist:

* Current level of training: Click or tap here to enter text.
* Date of training completion: Click or tap here to enter text.
* Country: Click or tap here to enter text.

**Fellowship Information**

Fellowship Name: Click or tap here to enter text.

Supervisor: Click or tap here to enter text.

Division: Click or tap here to enter text.

Location: Click or tap here to enter text.

Start date and end-date for proposed fellowship: Click or tap to enter a date. to Click or tap to enter a date.

Description of fellowship: (please attach Goals and Objectives)

Click or tap here to enter text.

Is this a new or established fellowship? Click or tap here to enter text.

Will the training be the same as that experienced by a resident in your division (i.e. a PGY4 or 5)?

Yes [ ]  No[ ]

Does your division have candidates (residents or fellows) doing similar training, who are being paid?

Yes [ ]  No [ ]

If yes, describe why you think this fellow should be able to do the fellowship without being paid:

Click or tap here to enter text.

Will there be overnight or weekend call? Yes [ ]  No [ ]

If yes, elaborate:

Click or tap here to enter text.

Do you anticipate that this candidate can function at the same caliber as the usual fellowship candidate for your division? Yes [ ]  No [ ]

If no, elaborate about why you are considering the candidate, if he/she is less qualified than your usual candidate:

Click or tap here to enter text.

Describe what funding or supports are available to sustain this candidate through this fellowship:

Click or tap here to enter text.

Describe any extenuating circumstances that you believe are reasons why this unfunded fellowship should be considered:

Click or tap here to enter text.

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| --- | --- |
| Candidate: Click or tap here to enter text. | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fellowship Supervisor: Click or tap here to enter text. | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fellowship Director: Click or tap here to enter text. | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |