

Arthur J E Child Cardiology Fellowship Application Form

Personal Information:

Surname:	
Given Name(s):	
Current Address:	
City:	Country:
Citizenship:	
Home Tel:	Cell Phone:
Email:	

Academic Background:

(please include all undergraduate and postgraduate degrees)

Degree Awarded	Year	University

Postgraduate Training: *(include current training position)*

PGY level	Discipline	Institution	Country

Have you received certification by the Royal College of Physicians & Surgeons of Canada in:

General Medicine: yes no

Cardiology yes no

Current citizenship: _____

Fellowship Information:

Center where fellowship will be completed: _____

Fellowship Supervisor: _____

Proposed duration of fellowship:

1 year 2 years

Have you applied for /received (please circle) other funding sources for this fellowship?

Yes No

If “Yes” please provide details:

Names of referees who will be forwarding letters:

1) _____
2) _____

Supporting Documentation:

I) Please include a copy of a current curriculum vitae and a one page description of the content and objectives of the proposed Fellowship. The following issues should be addressed in your discussion:

- a) the reason(s) for selection of this particular institution to pursue fellowship training*
- b) the balance between clinical work and research in this fellowship*
- c) the anticipated impact of this fellowship on the development of your career in cardiovascular medicine*

II) Please arrange to have your Fellowship supervisor forward a letter of support on your behalf.

III) Application deadline is July 30 of the year prior to which funding is to commence (i.e. July 30 2016 for funding to begin July 1 2017)

*Dr. L. Welikovitch
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