Department of Medicine
Clinical Fellowship Award

GUIDELINES AND APPLICATION | 2025

Deadline: September 3, 2025

The Department of Medicine (DoM) has established a Clinical Fellowship Award to foster the development and training of promising individuals as clinicians in subspecialty areas of Medicine and Internal Medicine following the completion of their residency training program.

Priority will be given to those who have a pre-established faculty position within the DoM to return to at the completion of their clinical fellowship training.

Only Alternate Funding Plan (AFP) Divisions of the DoM will be eligible to apply for the Clinical Fellowship Award.

AWARD CATEGORIES:

INTERNAL: The candidate will do their training at Dalhousie University and the proposed work will take place within the clinical settings of the DoM/Nova Scotia Health.
EXTERNAL: The candidate will do their training external to Dalhousie University/Nova Scotia Health.

Each application will be considered a joint effort of the applicant and their fellowship supervisor. **A letter of support from the Division Head for whom the applicant will return to work must be included.** Successful applicants may be required to sign a contract / letter of intent mutually agreed upon by the applicant, the Division Head, and the Department Head. Please note, contracts will vary depending on the individual's and the Division's particular needs.

Applications must be completed in accordance with the guidelines given; and the application form and supporting documents must be filed electronically in a single PDF with the DoM (Theresa.Steele@nshealth.ca) by September 3, 2025.

Incomplete submissions or those received after the deadline date will not be considered.

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TENURE:

There will be an annual competition for Clinical Fellowship Awards. The Clinical Fellowship will commence the first of July (or another agreed upon date) and continue for 12 months. This time frame will include a holiday at the discretion of the supervisor. The award is renewable once, based on significant progress made by the applicant.

During tenure, the Fellow shall devote not less than 75% of his/her clinical time to the purposes of the award in the chosen field of endeavors. The awardee may, with the approval of the supervisor and the Department Head, engage in, and receive remuneration for other departmental activities, including research, postgraduate and undergraduate teaching, that may contribute to the development of a clinical teacher or clinical research career. These ancillary activities should not interfere with the primary clinical purpose of the award. An award may be terminated at any time for proper cause by either the awardee or the DoM.

RENEWAL:

The Clinical Fellowship may be renewed once at the end of the first year for a further twelve months. A letter of support for renewal of the application must be submitted by the supervisor and it must clearly indicate the progress made during the first year of the fellowship. Also required for renewal of this fellowship is a letter from the applicant, not to exceed one single-spaced typewritten page, indicating progress to date. Both of these letters must be submitted to the Clinical Fellowship Committee (Theresa.Steele@nshealth.ca) no later than **four months** prior to the end of the first year of the fellowship. Extension beyond the two-year limit will be permitted only under special circumstances, with specific approval of the Department Head and Clinical Fellowship Committee.

SALARY:

The basic stipend is dependent upon academic, clinical and research experience. In general, the remuneration will follow the guidelines established by the Maritime Resident Doctors for MD trainees *(e.g., remuneration based on PGY level)*. Applicants are expected to apply to other local, national, and international clinical fellowship competitions. Awards from external funding agencies should be accepted in preference over DoM Clinical Fellowship funding. In some instances where an external award is less than the equivalent of DoM Clinical Fellowship remuneration, the DoM Clinical Fellowship Award may subsidize funding.

ELIGIBILITY CRITERIA:

The applicant must have an MD and FRCPC is preferred. Ideally, the successful applicant will have completed or be within one year or less of obtaining professional qualifications *(FRCPC or equivalent)*.

INTERNAL: All supervisors must be members of the Dalhousie University DoM, and the proposed work must take place within the clinical units of the DoM/Nova Scotia Health.

EXTERNAL: The external supervisor must be approved by the Division in the DoM that is applying for the fellowship and the Division must assign a co-supervisor who is a member of the C/AFP Department of Medicine, Dalhousie University/Nova Scotia Health.

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APPLICATION PROCESS:

DoM Clinical Fellowship Award submission deadline:September 3, 2025. Submissions to be made to Theresa.Steele@nshealth.ca. The DoM Clinical Fellowship application form must be used.

The application must be completed and submitted electronically and shall include:

1. Checklist
2. Completed electronic copy of the DoM Clinical Fellowship Award application form *(including all attachments and appropriate signatures)*
3. Applicant's CV
4. Letter from the Division Head appraising the candidate, the proposed Clinical Fellowship Program, and a brief outline of the applicant's anticipated role upon returning to the Division
5. Letter from the supervisor appraising the candidate and the proposed Clinical Fellowship and confirming that the candidate will devote at least 75% of his/her time to the clinical area of development. Include the clinical work details, i.e. the proposed # of days in clinic, # of procedures, # of call days/nights, weeks of inpatient service, etc. The letter should also describe the nature and extent of any other work to be carried out by the applicant during the tenure of the proposed application, including educational and research activities. This letter will include a summary of other resources and funding sought.
6. Supervisor's CV
7. Co-supervisor's CV *(for external fellowship applications only)*
8. Letter of recommendation from the Program Director including a summary of the applicant's FRCP training and readiness for FRCPC exam
9. Two letters of recommendation from supervisors under whom the applicant has taken previous training and who can specifically evaluate the applicant for the proposed award. Applicant to arrange to have the letters delivered directly to Theresa.Steele@nshealth.ca by September 3, 2025.
10. Description of the proposed clinical fellowship activity, not to exceed two single-spaced, typewritten pages; this should be written by the applicant in consultation with the supervisor/co-supervisor *(if external fellowship applicant)*. The proposal should include a clear statement of experience to be sought, duration of the fellowship and methods to be used to evaluate expected outcomes *(e.g., skill proficiency or knowledge base).*
11. EDI: Complete the self-identification form at Employee self-identification form - Canada.ca and include with your application. This form is **voluntary**.

NOTE: The application must be signed by the applicant, the supervisor, the co-supervisor (for external applicants only), the Division Head and the Department Head. The signature of the supervisor/co-supervisor will indicate that the supervisor/co-supervisor has read and approved the proposal as written by the applicant.

RENEWAL PROCESS:

The applicant must submit a letter requesting renewal. The supervisor will also submit a separate letter of appraisal of the applicant, including a statement of progress to date. These documents must be received by the Clinical Fellowship Committee (Theresa.Steele@nshealth.ca) no later than **four months** prior to the end of the first year of the fellowship. The DoM Clinical Fellowship Committee reserves the right not to award a renewal in a given year.

ADJUDICATION:

The Clinical Fellowship Committee of the DoM will review all applications for clinical training merit and will make recommendations of priority rating. Factors affecting the merit rating will include training, experience and previous performance of the applicant and supervisor, the proposed fellowship, and the likelihood of the individual returning to the Department for a post fellowship Departmental position.

*The DoM Clinical Fellowship Committee reserves the right not to award a fellowship in a given year.

Department of Medicine

Clinical Fellowship Award

CHECKLIST | 2025

Applicant:

Date:

Deadline: September 3, 2025

TO BE PROVIDED BY APPLICANT:

- ☐ Checklist
- ☐ Completed electronic copy of the DoM Clinical Fellowship Award application form *(including all attachments and appropriate signatures)*
- ☐ Applicant's CV
- ☐ Letter from the Division Head appraising the candidate, the proposed Clinical Fellowship Program, and *(if applicable)* a brief outline of the applicant's anticipated role upon returning to the Division after the fellowship.
- ☐ Letter from the supervisor appraising the candidate, the proposed Clinical Fellowship and indicating that candidate will devote at least 75% of his/her time to the clinical area of development; and a description of the nature and extent of any other work to be carried out by the applicant during the tenure of the proposed application, including educational and research activities. Include the clinical work details, ie. the proposed # of days in clinic, # of procedures, # of call days/nights, weeks of inpatient service, etc. This letter will include a summary of other resources and funding sought.
- ☐ Supervisor's CV
- ☐ Co-supervisor's CV *(for external fellowship applications only)*
- ☐ Letter of recommendation from the Program Director with a summary of applicant's FRCP specialty training and readiness for FRCPC exam
- ☐ Two letters of recommendation from supervisors under whom the applicant has taken previous training and who can specifically evaluate the applicant for the proposed award. Applicant to arrange to have the letters delivered directly to Theresa.Steele@nshealth.ca by September 3, 2025.
- ☐ Description of the proposed clinical fellowship activity, not to exceed two single-spaced, typewritten pages; this should be written by the applicant in consultation with the supervisor/co-supervisor *(if external fellowship applicant)*. The proposal should include a clear statement of experience to be sought and methods to be used to evaluate expected outcome *(e.g. skill proficiency or knowledge base).*
- ☐ Optional: EDI: Complete the self-identification form at Employee self-identification form - Canada.ca and include with your application. This form is voluntary.

APPLICATION REQUIREMENTS:

- Documents must be typewritten and submitted electronically
- Attach additional sheets where response space is limited; indicate applicant's name on the top right-hand corner of each additional page
- Submit completed application to the Theresa.Steele@nshealth.ca as a single PDF file.

Department of Medicine

Clinical Fellowship Award

APPLICATION FORM | 2025

Applicant:

Date:

APPLICATION FOR: ☐ **Internal Clinical Fellowship** ☐ **External Clinical Fellowship**

✓ Applicant's information

Name:	
Mailing Address:	
Email:	*Phone Number:*

✓ Applicant's current appointment

Title:	
Department:	
Institution:	*Current Year/Level of Training:*

✓ Have you applied to other parties/agencies for funding to support this fellowship? Yes ☐ No☐
Name all other parties/agencies that you have applied to and/or intend to apply to for funding to support this fellowship.

✓ Date applicant will be available to begin the fellowship, if granted

✓ Summary of applicant's FRCP special training and readiness for FRCPC exam

Deadline: September 3, 2025

DoM Clinical Fellowship Award

APPLICATION FORM | 2025

Applicant:

Date:

✓ Name of supervisor *(division/department/institution)* at which the applicant has arranged to undergo training

Supervisor's Name:	
Co-supervisor's Name:*	
Division:	
Department:	
Institution:	
Mailing Address:	
Email:	*Phone Number:*

**External fellowship applications only*

✓ Two letters of recommendation from supervisors with whom the applicant has previous clinical or research training. Applicant to arrange for the letters to be sent under separate cover directly to Theresa.Steele@nshealth.ca

Letter 1:	*Name:*		
	Position Held:		
	Institution:		
	Email:	*Phone Number:*	

Letter 2:	*Name:*		
	Position Held:		
	Institution:		
	Email:	*Phone Number:*	

Deadline: September 3, 2025

DoM Clinical Fellowship Award

APPLICATION FORM | 2025

Applicant:

Date:

PLEASE NOTE: SIGNATURES ARE REQUIRED TO COMPLETE THIS PAGE

✓ The applicant agrees to abide by the regulations governing this award, if granted.

Date:	*Signature:*

✓ We recommend that this applicant be considered for an award for fellowship training at:

Dalhousie University/Nova Scotia Health
Other institution *(please provide name below):*

Date:	*Signature of Supervisor:*
Date:	*Signature of Co-supervisor*:*
Date:	*Signature of Division Head:*
Date:	*Signature of Department Head:*

**External fellowship applications only*

✓ Description of Proposed Clinical Fellowship Activities

Describe the experience to be sought with this fellowship, and the methods to be used to evaluate expected outcome (e.g., skill proficiency, or knowledge base). Include the clinical work details, ie. the proposed # of days in clinic, # of procedures, # of call days/nights, weeks of inpatient service, etc. Do not exceed two single-spaced, typewritten pages (normal margins, Times New Roman,font size no smaller than 11).

Completed applications must be received by Theresa.Steele@nshealth.ca as a single PDF file.

Deadline: September 3, 2025