



# American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

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## 2026-2027 Fellowship Year Application

December 2025

Thank you for your interest in the APF Supplemental **Post-Residency** Fellowship Grant Program. The Post-Residency Fellowship Program that you have been accepted to must be an accredited program in order to apply for our Grant Program. The APF will grant up to \$5,000, for one year, to applicants who show the importance of the training being sought, financial need, and proof of a position in Israel to which they will return upon completion of the Fellowship. Because the number of applicants far exceeds the number of grants available, the APF will not be able to help all qualified applicants.

**The following Application Form is to be either typed or printed. Application Forms must be submitted in English, with the requested supplemental documentation as per the Filing Instructions below:**

- 1) A letter from the institution in the US/Canada confirming the dates of your fellowship and salary/support it will provide you during your fellowship
- 2) A letter, in English, on hospital letter head and signed, by your Hospital Director/Administrator, indicating that a position is being held for you upon completion of the fellowship and your return to Israel
- 3) A letter, in English, on hospital letter head and signed, from your Employing Institution in Israel detailing any support it will provide you during the fellowship period (salary, shabbaton, Kranot, or other) or confirming that it will not provide any such assistance
- 4) A CV with a copy of your medical license
- 5) A recent passport-size color photo
- 6) **Optional** – A Recommendation Letter in English, on letter head and signed by a senior physician (other than your Department Head) familiar with your work. *You may also use a copy of a recommendation letter sent on your behalf to an institution in North America.*
- 7) **For your Department Head – Complete the top two lines of the letter included with this Application. Have your Department Head complete the rest and send it back, along with a Letter of Recommendation, directly to Amir Goldshtein by email at [amir@apfmed.org](mailto:amir@apfmed.org).**
- 8) **The Application deadline is March 6, 2026. All applications and supporting documentation must be complete in order to be considered.**

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Filing Instructions - send your completed application form and items 1-6 above by email to Amir Goldshtein at [amir@apfmed.org](mailto:amir@apfmed.org). If you have any questions, please call the APF office at 617-232-5382 or e-mail [amir@apfmed.org](mailto:amir@apfmed.org)

**American Physicians Fellowship for Medicine in Israel**

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P: 617-232-5382 • F: 617-739-2616 • [info@apfmed.org](mailto:info@apfmed.org) • [www.apfmed.org](http://www.apfmed.org)

**APPLICATION FOR FELLOWSHIP GRANT**

Please print clearly in English

Last Name: \_\_\_\_\_ / \_\_\_\_\_ First Name: \_\_\_\_\_ / \_\_\_\_\_  
English Hebrew English Hebrew

Present address: \_\_\_\_\_  
Number/Street City  
\_\_\_\_\_  
State/Province Zip/Postal Code Country

Tel: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell Phone

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**A. Personal Information**

Place of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ (Year of Aliya: \_\_\_\_\_)

Marital Status: **(Please Circle one)** Single Married Divorced Widowed Other

Who will accompany you for the fellowship period? \_\_\_\_\_

If married, please answer the following:

Spouse's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Will Spouse be **employed or studying** in North America? Yes / No

If yes, please detail (including Salary and Grants anticipated) \_\_\_\_\_  
\_\_\_\_\_

Please list names and ages of children who will accompany you: \_\_\_\_\_  
\_\_\_\_\_

What kind of visa will you be coming on? \_\_\_\_\_ Has it been granted yet? \_\_\_\_\_

How did you learn about the APF Fellowship Grants?

- \_\_\_\_ IMA                      \_\_\_\_ APF Website                      \_\_\_\_ Past APF Fellow  
\_\_\_\_ Hospital                      \_\_\_\_ Colleagues                      \_\_\_\_ Other (specify)



**D. Your Professional Position in Israel *After* your Fellowship Training**

Institution: \_\_\_\_\_ Expected Starting Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

**E. Position in North America for Which Assistance is Requested**

Institution where you will be studying:

\_\_\_\_\_  
Name City/State/Province

\_\_\_\_\_  
Department Specific project, field, or focus if any

Mentor: \_\_\_\_\_  
Name Title/Position

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the **TOTAL** length of your Fellowship Program (how many years): \_\_\_\_\_

Period of training begins: \_\_\_\_\_ ends: \_\_\_\_\_  
(Please provide dates of study for the entire fellowship to which you have been accepted)

Can Fellowship be extended: Yes or No

**F. Expected Total Income During your Fellowship Year**

I must notify APF immediately if there is any change in my or my spouse's income

**Salary/Grant:** From Institution in North America \_\_\_\_\_  
From your Israeli employer \_\_\_\_\_  
From stipends or pensions \_\_\_\_\_  
(include sabbatical funding)

**Additional Income:** Spouse's income \_\_\_\_\_  
Spouse's stipends, pensions or grants \_\_\_\_\_  
Rental income from your home in Israel \_\_\_\_\_

Do you have a mortgage payment for your apartment/home in Israel Yes / No

If Yes, please provide monthly amount: \_\_\_\_\_

Please list all grants you have applied for to support you during your fellowship program  
**(provide the names of the grants and the amounts)**

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Please list all grants you have already received for this Fellowship Program  
**(provide the names of the grants and the amounts)**

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**G. APF/IMA**

Are you a member of the IMA (Israeli Medical Association)? Yes \_\_\_\_\_ No \_\_\_\_\_

**H. Please complete Section H (provided in this packet)**

I hereby promise to notify the APF immediately if there should be any changes in my Application, or in my income during the period of my fellowship program from any source, e.g. the receipt of additional grants, delay of arrival or if my spouse finds gainful employment.

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

**H. Outline the specific benefits you hope to receive from your Fellowship training, clinical research or basic research. Please detail how this will influence your future career. Please be detailed.**

(Section H, can be submitted as Word or PDF document)

Name: \_\_\_\_\_

## **Application Check List:**

Please be sure you have provided all of the following items as part of your application. All applications can be submitted as PDF document to [amir@apfmed.org](mailto:amir@apfmed.org) and must be received no later than **March 6, 2026**.

- Completed Application
- Section H
- Department Head Letter
- North American Institution Acceptance Letter
- Letter from Israeli Hospital Director
- Financial Support Letter
- Copy of Your Most Recent CV
- Copy of Medical License
- Passport Size Photo – Color
- Optional Letters of Recommendation

## Department Head's Letter for APF Fellowship Grant Applicant

Applicant's name: \_\_\_\_\_ Fellowship program dates: \_\_\_\_\_ to \_\_\_\_\_

Applicant's E-mail: \_\_\_\_\_ Applicants phone number: \_\_\_\_\_

Institution in North America: \_\_\_\_\_ / \_\_\_\_\_  
Name/City Mentor and Department

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### **>To the Department Head of Applicant for APF Fellowship Grant:**

The physician listed above, from your department, is applying for support from the APF for a Fellowship Grant during the coming year 2026-2027.

Because of the large number of requests the APF receives, the APF's Fellowship Committee gives serious consideration to the recommendations of the applicant's Department Head. The APF Fellowship Committee is looking for a frank assessment of each applicant, of the fellowship program he/she will be doing in North America and of its benefit for the applicant and the Israeli institution upon his/her return to work in Israel. The APF will keep this information confidential.

**\*Filing Instructions – please answer by circling the answer to each question below and return this page along with a Letter of Recommendation in English, about the applicant, directly to Amir Goldshtein by email at [amir@apfmed.org](mailto:amir@apfmed.org). These documents must be submitted no later than March 6, 2026.**

1) Is a position being held for the applicant upon their return to Israel? (please circle one)

**Definitely      Hopefully      Not Known Yet**

Name/description of the position: \_\_\_\_\_

2) For the training being sought, how important is it that the applicant go abroad?

**Very Important      Helpful      Israel Has Equivalent Programs**

3) How much will this fellowship training program benefit your institution on his/her return?

**Very Much      Helpful      Marginal**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Phone

**\*In the Recommendation Letter you send (together with this page) please tell us about the applicant and explain your answers to the questions above. *Many Thanks!!***