American Healthcare Professionals and Friends for Medicine in Israel
2001 Beacon Street, Suite 210, Boston, MA 02135

2022-2023 Fellowship Year Application

December 2021

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 (please put your name on back)

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 in a sealed envelope, along with a Letter of Recommendation, directly to the APF offices in Boston.**

8) **The Application deadline is March 4, 2022. All applications and supporting documentation must be complete and in the APF Offices in order to be considered.**

Filing Instructions - send your completed application form and items 1-6 above to our address listed above. **Do not use staples** and be sure to keep a copy of your application and the supporting documents for your records. If you have any questions, please call the APF office at 617-232-5382 or e-mail amir@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)

B. Education and Professional Experience

Medical School: _____ Year MD degree received: _____

Training: **Dates** **Hospital** **Department/Specialty**

Internship: _____

Residencies: _____

_____

Additional Training: _____

Staff appointments prior to your current position:

Dates **Institution** **Specialty** **Position** **Supervisor**

_____

_____

_____

License to Practice: Date: _____ Other Countries? _____

Board Certification? Field: _____ Year: _____

C. Current Professional Position in Israel

Institution: _____Campus: _____

Position: _____/_____/_____
Title Department Since when?

Your Supervisor: _____/_____
Name Title and Department

Supervisor's Phone: _____ Supervisor's E-mail: _____

Is your position tenured? Yes / No If No, until when is your appointment? _____

Are you currently a Resident? Yes / No

If Yes, when does your Residency end? _____

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)

_____

_____

_____

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

_____

_____

_____

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 should be mailed to our Boston office and must be received no later than **March 4, 2022**. Be sure to make a complete copy set of this application for your records.

☐ 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

_____

>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 2022-2023.

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 the APF offices, 2001 Beacon Street, Suite 210, Boston, MA 02135 USA (or by fax to 617-739-2616). These documents must be submitted no later than March 4, 2022.**

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!!