



American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

APF FELLOWSHIP RE-APPLICATION

(For candidates who have a previous application on file)

**Please answer all questions, typing or printing in English.
Then, return it to us at our North American Office in Boston
by March 4, 2022**

Full Name _____

Current Address _____
(Number and Street)

City State Zip code Country

Telephone: Home () Cell () _____

E-mail: _____

1. What is/was the starting date of your fellowship? _____

2. Is this at the same institution and under the same supervising physician as your original application? _____

If not, please detail all changes:

3. Please specify date of:

Completion of your fellowship _____

Expected return to Israel _____

Institution and supervising physician in Israel _____

4. Are you licensed to practice medicine in the United States or Canada?

() Yes

() No

5. **EXPECTED INCOME DURING THE FELLOWSHIP YEAR 2022 - 2023**

Please detail income you will have during the fellowship period from:

- a) Salary, fellowship or grant income you will receive in connection with your training: _____
- b) Sabbatical salary or grant from your Israeli employer: _____
- c) Income from rental of apartment in Israel: _____
- d) Spouse's income (salary, fellowship, grant, etc.) _____
- e) Will you be supplementing your income with additional work after hours in a medical institution? () Yes () No
- f) Other sources _____

ATTACHMENTS:

- ** Attach letter of recommendation from your supervisor during the past year.
- ** Enclose a letter from your North American hospital documenting your salary/support for the coming year
- ** Also please give a report of what you have been doing during your previous year/years of your fellowship

The applicant, hereby, undertakes to notify the APF immediately if there should be any change in his/her expected income during the period of the fellowship; e.g. from the receipt of additional grants or if the spouse finds gainful employment.

Signature _____

Date _____