



# American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

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## APF FELLOWSHIP RE-APPLICATION

(For candidates who have a previous application on file)

**Please answer all questions, typing or printing in English.  
Then, return by email to Amir Goldshtein at [amir@apfmed.org](mailto:amir@apfmed.org)  
by March 6, 2026**

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_

City	State	Zip code	Country
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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 2026 - 2027**

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 \_\_\_\_\_