

DIVISION OF RESPIROLOGY

CME Fellowship in Respiratory Research

Academic Year July 1 - June 30

The CME Fellowship in Respiratory Medicine provides \$60,000 in salary support for national or international graduates to apply to undertake training in a respiratory-related field for one year. There will be up to one award per year.

Eligibility and Terms of Reference:

1. Applicants can be both internal and external, national or international.
2. The training must be in a respiratory-related field and must be undertaken at the University of Toronto and/or its affiliated teaching hospitals or research institutes under the supervision of a University of Toronto Respiriology faculty member.
3. Fellowship training can be research, education, quality improvement or clinical, but priority is given to research training.
4. Where possible, candidates must apply for other sources of funding, either full or partial.
5. Priority will be given to those applying to one of the Division's areas of excellence (Lung Transplantation, Sleep Medicine and Control of Breathing, and Cystic Fibrosis), but please note, anyone can apply in any respiratory-related field.
6. Priority will be given to individuals applying to programs that do not have their own source of fellowship funding.
7. Deadline for applications is November 30. Please send applications and related documents in PDF format by email to: Respirology@utoronto.ca
8. All applications will be reviewed by the Fellowship Review Committee.
9. Applicants must possess a PhD, MD, or equivalent degree.

The following documents must be provided with your application:

1. Applicant's up-to-date curriculum vitae.
2. Letter of support from the proposed supervisor or director of a Fellowship Program
3. Two letters of reference are needed:
 - a. One should be from the applicant's current training director, plus one other referee, OR
 - b. Two letters from referees (excluding the proposed supervisor) if the applicant is not currently in a clinical training program.

Referee letters should be addressed to the Fellowship Review Committee, and email directly to Respirology@utoronto.ca with copy to Douglas.Bradley@utoronto.ca

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Application Form

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

Fellowship Supervisor: _____ Date: _____

Supervisor's Signature: _____

Provide an outline of the proposed fellowship training (Limit to 400 words in 12 point font):