Issuing Date

Fellows Name

Fellow Address.

Dear Dr. Fellows Name

We are pleased to offer you a Research Fellowship training position in the Department of Medicine, Division of Division Name for Duration of Fellowhsip year/ months,at the University of Toronto, in the Fellowship Name Fellowship program. This is a full/part time training position for which the conditions and responsibilities are set out below. There will be no clinical contact permitted in this fellowship.

This training position will start on \_\_\_ and will end on \_\_\_.

This offer is contingent upon fulfillment of registration with the Office of the Vice Dean, Postgraduate Medical Education, University of Toronto Faculty of Medicine such that the fellowship starts no later than 60 or 90 days from start date ,or this offer is void.

The relationship between the fellow and the University is educational only and does not constitute an employment relationship with the University. The fellowship is subject to legal and policy and professional requirements of the host hospital site.

Should unforeseen and unlikely circumstances exist where your supervisor, Dr. Supervisor is no longer able to practice but funding is still available, efforts will be made to find an appropriate alternative supervisor.

1. **TERMS OF TRAINING**
2. **Fellowship Term**

Your appointment to the University will end on \_\_\_, as stated above. A further term of training may be considered upon successful completion of the initial period of your fellowship.

Any proposed changes to your duties or responsibilities will be discussed with you and other affected physicians to ensure that your input and comment are obtained prior to approval and implementation.

1. **General Responsibilities**

The fellowship will provide research and educational training in Enter Fellowship Title.You will be responsible for the following

Enter curriculum here.

1. **Academic Responsibilities**

You will be responsible for the following academic responsibilities

Enter curriculum here.

1. **Teaching Duties**

You will be responsible for the following:

Enter curriculum here.

Any proposed changes to your duties or responsibilities will be discussed with you and other affected physicians to ensure that your input and comments are obtained prior to approval and implementation.

1. **INTELLECTUAL PROPERTY RIGHTS (OWNERSHIP)**

The intellectual property rights and policies of University of Toronto and Host Site Name will apply when appropriate.

To access current policies, guidelines and forms with regards to intellectual property rights as applicable at the University of Toronto and the affiliated teaching hospitals, please visit the following websites

Office of the Vice-President Research at <http://www.research.utoronto.ca>

The Innovations Group at <http://www.innovations.utoronto.ca>

Copyright policy at <http://www.governingcouncil.utoronto.ca/policies/copyright.htm>

Inventions policy at <http://www.governingcouncil.utoronto.ca/policies/invent.htm>

Publication policy at <http://www.governingcouncil.utoronto.ca/policies/pubs.htm>

1. **REGISTRATION REQUIREMENTS**

All Research Fellows are responsible for the following:

1. **Work permit for non-citizens**

The University of Toronto Postgraduate Medical Education Office will provide you with the necessary authorization to obtain a work permit upon receipt of your application and final approval of your appointment to the University. You will be responsible for applying for the work permit upon receipt of instructions from the University

1. **Registration**

You are expected to fully register with the Office of the Vice Dean, Postgraduate Medical Education, University of Toronto Faculty of Medicine and with the hospital medical education office before you commence your program.

1. **PERFORMANCE, EVALUATIONS AND OUTCOMES**
2. **Evaluations**

You will be given semi-annual evaluations, or more frequent if appropriate, by faculty during the fellowship outlining progress and areas for improvement. Fellows will have the opportunity to provide anonymous feedback on their supervisors and the training program.

When the fellowship is completed and the final in-training evaluation report has been completed, the Department of Medicine will issue a certificate verifying successful completion of the fellowship.

1. **Probation/ Remediation**

A fellow may be placed on probation or be subject to remediation by the Program Director with University approval if a fellow receives an unsatisfactory evaluation. If the deficiency is corrected by the end of the probationary period with a successful evaluation, the fellow will continue with their program. If the problem is not corrected, the supervisor and/or Program Director may request another period of probation or recommend suspension or dismissal, with approval of the University.

1. **Suspension**

Suspension involves the interruption of a fellow’s participation in the training program including educational activities due to improper conduct or medical incompetence. The decision to suspend is subject to formal review by the Department, and is followed by full reinstatement, a probationary period, or dismissal.

1. **Dismissal**

Dismissal may occur following an unsuccessful probation period, following suspension, or for ethical, behaviour violations, or medical incompetence that are not subject to remediation or probation. The dismissal of a fellow is subject to formal Departmental review.

1. **REMUNERATION, BENEFITS, VACATION AND LEAVES**

Remuneration: CAD $ Salary in CAD per annum, paid for by Funding Source.

Citizenship and Immigration Canada requires all foreign nationals receiving remuneration as a research fellow to be remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national.

Benefits: Specific Benefits allotted

Vacation: Specific Vacation allotted

Professional and other leave: Specific leave time allotted

To accept this training offer and allow us to proceed with your appointment to the University of Toronto, please sign this letter below and return by \_\_\_\_. Because there are a number of University and government formalities that can take up to 6 months to complete prior to your registration, please reply promptly to this offer. Failure to return this letter by the specified date will be interpreted as non-acceptance and the offer will be withdrawn.

This fellowship is subject to legal and policy and professional requirements of the host hospital site at which the fellow is located.

Yours truly,

Dr. Supervisor Name

Supervising Physician

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

Dr. Divisional Fellowship Director Name

Fellowship Program Director, Division of Division Name

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

**TERMS OF ACCEPTANCE**

In signing this offer, I agree to the above terms of this of this fellowship.

Research Fellows Name: Dr. Fellows Name

Date of Acceptance:

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