



Canadian Society of Otolaryngology-Head & Neck Surgery

Canadian Fellowship Application

Grants Available:

**TWO (2) -
COHNS FUND FELLOWSHIP GRANTS
(undesignated)**

INSTRUCTIONS FOR APPLICANTS

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1. Eligibility

Eligible **applicants** must be:

- (i) An MD or equivalent in good standing.
- (ii) A permanent resident of Canada.
- (iii) Either a or b below:
 - a. A resident in an accredited otolaryngology training program in Canada.
 - b. A certified otolaryngologist in practice in Canada wishing to undergo advanced training.

Eligible **host Institutions** must be:

- (iv) An academic institution affiliated with a Canadian medical school or an accredited medical school abroad. Preference will be given to Canadian training programs.

Eligible **supervisor** must:

- (v) Demonstrate competence in the field of further study (as demonstrated by publications, lectures and research).
- (vi) Be prepared to supervise fellows for a period of not less than 1 year.
- (vii) Not be supervising a CSOHNS funded fellow in the concurrent year as the applicant.

Only those candidates planning to stay in and/or return to Canada to practice after their fellowship training, will be considered for this program.

2. Application Deadline

The application deadline is **February 15** of the year preceding the fellowship (e.g. Feb 2020 for fellowship commencing July 2020). This includes all supporting documentation. **RESULTS** will be announced by **April 1st** of the year of the fellowship (e.g. April 2020 for fellowship commencing July 2020).

3. Funding

The value of the fellowship monetary award will be decided each year based on the current assets.

4. Supervisor's Responsibility

The supervisor agrees to monitor and instruct the trainee for a period of 1 year.

The supervisor agrees to provide the chair of the CSOHNS Fellowship Committee with an interim progress report at 6 months, and at 1 year on the satisfactory progress of the fellowship.

The supervisor agrees to advise the chair of any funding sources that would increase the financial support for the applicant to more than the PGY5 salary in the province of the fellowship.

5. Applicant's Responsibility

The applicant agrees to provide the Fellowship Committee chair with an interim progress report **at 6 months** and **at 1 year** on the satisfactory progress of the fellowship.

6. Evaluation Criteria

The following criteria will be used to rank the application:

1. Demonstrated academic and clinical productivity of applicant.
2. Demonstrated academic and clinical productivity of supervisor.
3. Demonstrated interest in subspecialty area.
4. Demonstrated facilities for adequate clinical and academic exposure at host institution.
5. Demonstrated need for an otolaryngologist with the relevant advanced training at a Canadian institution (as evidenced by offer of position). This strengthens but is not essential to application.
6. Letters of reference.
7. Previous evaluations of supervisor from Society and Fund sponsored fellows.

7. Monitoring Process

The disbursement of funds for the second 6 months of the fellowship is contingent on satisfactory evaluation of the fellowship by the applicant and the supervisor.

In order for the Fellowship Committee to monitor the effectiveness of this funding process, the successful applicant will be expected to make a presentation on the fellowship, including information on their final area of clinical practice, location and other relevant facts, during the business session of the CSOHNS annual meeting. This presentation must be made at the first annual meeting within completion of the fellowship. The applicant will have his or her travel expenses (return economy airfare plus 2 nights hotel accommodation) paid to attend the meeting.

8. Application Process

ALL applications MUST BE submitted ELECTRONICALLY as a SINGLE PDF attachment. NO HARD COPIES will be accepted.

Application forms must be completed by the applicant and supervisor. Follow instructions on the forms. Check the appropriate boxes to ensure that all attachments are included with your application. **YOUR APPLICATION MUST BE SUBMITTED ELECTRONICALLY AS A SINGLE PDF WITH ALL SUPPORTING DOCUMENTS INCLUDED IN THE PDF FILE SUBMITTED.** Please place the order of the supporting document pages as per the application form. The four letters of recommendation can be submitted separately, they will be inserted into your application by the Fellowship Committee Chair prior to the review process. All applications and letters of recommendation need to be submitted by the application deadline. Extensions beyond the deadline are NOT permitted. All decisions are final and not subject to arbitration.

All forms should be emailed as a single PDF attachment to: **DR. DAN O'CONNELL**, Chair, Fellowship Committee, Email: dan.oconnell@ualberta.ca. Questions can be directed to Dr. O'Connell via the CSOHNS Office at 800-655-9533.



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APPLICANT SECTION

Please read instructions carefully for each section. Supporting documents to be included at end of this section of the application are (please check box if included):

CV of applicant

Four (4) letters of recommendation, including one from the applicant's Residency Program Director and one from the Fellowship Director.

Supporting documentation from a Canadian institution outlining any clinical position that the institution has offered the applicant contingent on the successful completion of the fellowship. This letter should outline the need for that subspecialty in the sponsoring institution. This is not essential for the application.

Section 1

1a.

Applicant Name:

Address:

Telephone Business: ())

Home:())

Fax: ())

Email:

Pager number:

If **RESIDENT APPLICANT**, fill out section 1b.

1b.

Name and location of residency program:

PGY year of applicant:

Name, address and telephone number of Postgraduate Director:

Name, address and telephone number for Chair:

If you are a **ROYAL COLLEGE CERTIFIED** applicant, fill out section 1c.

1c.

Year of completion of residency:

Current position and institution address:

Current subspecialty interests (if any):

Name, address and telephone of chair of the credentials committee (or equivalent accrediting body) at institution:

Proposed Fellowship:

1d.

Supervisor name, address and telephone number:

Sub-specialty area of fellowship:

Host institution:

Proposed dates for fellowship:

Section 2

Please provide a one-page outline of the Fellow's experience, including the following parameters:

- a. Objectives from fellowship.
- b. Why this institution and supervisor were chosen.
- c. Long term plans for use of expertise acquired.
- d. Previous work in this sub-specialty.
- e. Any other relevant information.

Section 3

I have read the guidelines for the Canadian Fellowship Grant program and agree to abide by them. I verify that I plan to stay in and/or return to Canada to practice after the completion of my fellowship training.

Signature:

Date:

SUPERVISOR SECTION

Please read instructions carefully for each section. Supporting documents to be included at end of this section of the application are (please check box if included):

CV of supervisor

Letter of support for applicant

Sample weekly timetable for Fellow

Section 1

1a.

Supervisor name:

Address:

Telephone Business: ()

Home:()

Fax: ()

Email:

Pager number:

Proposed Fellowship:

Proposed dates of Fellowship:

1b.

Name and location of training program:

Name, address and telephone number of Postgraduate Director:

Name, address and telephone number of Chair:

1c.

Year of Royal College Certification:

Current position and institution address:

Current subspecialty interests:

Name, address and telephone of chair of credentials committee (or equivalent accrediting body) at institution:

1d.

Complete only if supervisor completed a fellowship.

Subspecialty area of supervisor's fellowship (if any):

Supervisor(s) name:

Host institution:

Section 2

Please list previous Fellows supervised and mark those who have been funded through this program with an asterisk.

Section 3

Please provide a one page outline of the following parameters in the Fellows experience:

- a. Objectives
- b. Operative experience expected
- c. Clinic experience expected
- d. Research experience expected
- e. Description of relevant clinical and research infrastructure at host institution
- f. Other relevant information

Section 4

I have read the guidelines for the Canadian Fellowship Grant program and agree to abide by them.

Signature:

Date: