

# **CANADIAN LIVER FOUNDATION**

## **Roche Fellowship in Clinical Hepatology**

**Application Deadline: extended to May 11, 2007**

### **Description**

The purpose of this program is to provide salary and benefits for GI fellows pursuing additional training focused on patient care in hepatology (including hepatitis), beginning on July 1, 2007.

### **Eligibility Criteria**

1. Candidates for the Fellowship must hold an MD degree.
2. Candidates for the Fellowship must be a Canadian citizen or landed immigrant.
3. Candidates for the Fellowship must have completed their primary specialty (e.g. General Internal Medicine). Candidates who have completed a gastroenterology residency by the time the Fellowship is to start will be given first consideration.
4. Fellowship training must be carried out at accredited Canadian institutions.
5. The supervisor of the Fellow must be a member of the Canadian Association for the Study of the Liver.
6. The supervisor must ensure that the Fellow receives a well rounded experience in clinical hepatology including viral hepatitis training. This training may take place at both a teaching institution and a community health centre or clinic.
7. A written report (500 words) noting the progress that has been made must be submitted by the recipient to the CLF by October 1.
8. The applicant will not hold other, similar research awards during the fellowship period (July 1, 2007 – June 30, 2008).

### **Level of Funding**

The Fellowship award will be \$55,000 per year. This amount is for salary and benefits (up to 8%) only for the fellow. Awards are granted to the individual applicant; not the applicant's institution. However, funds will be paid directly to the awardee's institution. Awards cannot be transferred to another institution and recipients cannot change their supervisor without prior written approval from the CLF.

Payments of the award will be in the form of equal quarterly installments, the first on July 1.

## **Period of Support**

The Fellowship award will provide funding for one year with a possibility of renewal for a total of two years' support. Renewal consideration will be based on a report letter from the supervisor indicating the fellow's contribution and performance. The renewal report must be submitted to the CLF National Office by March 31.

## **Selection Criteria**

Candidates will be evaluated based upon their background and their commitment to adult clinical hepatology. Specifically, candidates will be reviewed based on:

- Professional potential of the applicant
- Experience, productivity, and commitment of the supervisor
- Clinical and/or academic environment
- Relevance to the CLF's mandate

The Medical Advisory Committee of the CLF will review the applications and select recipients of the Roche Fellowship in Clinical Hepatology. Applications will be reviewed based only on the written materials submitted. All decisions are final. Incomplete applications and applications that fail to adhere strictly to the instructions (including the submission deadline and page limitations) will be returned without review. Selection decisions will be announced by the end of May.

## **Submission Process and Deadline**

An original and four copies of the completed application (including support materials) must be received by March 31, 2007 and should be sent to:

Research Grants Administrator  
Canadian Liver Foundation  
Suite 1500, 2235 Sheppard Ave. East  
Toronto, Ontario  
M2J 5B5

## **Notification Date**

May 2007 for a July 2007 start date.

**APPLICATION for 2007 CLF Roche Fellowship in Clinical Hepatology**

1. Use this form as a cover page. Print or type responses.
2. Include additional information and provide signatures as requested.
3. Include separate typed pages for all additional information using one-inch margins. Use only white 8 ½ x 11-inch paper. Put your name (last name, first name) in the upper right-hand corner of each page.
4. Do not use fonts smaller than 10-point type. Items may be single-spaced, but please make the presentation as user-friendly to the reviewers as possible.
5. Assemble the application in the order listed in the Required Documents section. Clearly label each piece of additional information. Complete all sections.
6. Please adhere to page limits.

**General Information**

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Name (last, first, middle initial)

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Degree(s) and Year(s) granted

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Current Position Appointment Date (month/year)

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Current Address

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Office Telephone Fax Number Email Address

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Name and Address of the Supporting Institution

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Supervisor's Name

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Supervisor's Address

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Supervisor's Office Telephone Fax Number Email Address

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Applicant's Status in Canada (if other than Citizen)

**Required Documents**

1. Curriculum Vitae – Provide a biographical sketch including any publications, abstracts, or presentations.
2. Biosketch of Supervisor – Provide the CV of the supervisor.
3. Clinical Program Description – The applicant must include a detailed description of the curriculum, including monthly schedule of training and patient care responsibilities. Limit to two pages. Inclusion of a table of monthly schedule is encouraged.
4. Facilities Description – The clinical environment should be described, including access to patients, laboratory space (if applicable), consultants and technical (including computer) resources. Limit to two pages.
5. Candidate’s Statement – Statement of applicant’s career plans. Limit to one page.
6. Letter of Supervisor’s Support – A letter should be provided from the applicant’s supervisor confirming his/her sponsorship of the applicant as well as a statement confirming the information provided in this application is accurate. Limit to one page.
7. Letters of Departmental Support – Letters should be provided from the director of the applicant’s department, division and/or gastroenterology training program. The letters should describe the commitment of institutional resources, support and environment to the applicant and supervisor. Limit to one page each.
8. Three letters of reference from physicians well acquainted with your abilities.

**Applicable Signatures**

Note: Your signatures below indicate that the applicant meets the eligibility criteria for this fellowship program and that the information in this application is accurate to the best of your knowledge.

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Signature of Applicant	Name	Date
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Signature of Supervisor	Name	Date
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