

## **Israeli Dermatological Association Fellowship Grant Program**

The IDA will provide up to 3 Fellowship Grants every year for our members travelling abroad for a professional training for a period of at least 3 months. The IDA will grant up to NIS 15000 to applicants who show the importance of the training being sought, financial need, and proof of a position in the Israel public health system to which they will return upon completion of the Fellowship.

### **Eligibility:**

- The applicant must be a member of the IDA
- Applications are selected based on academic excellence and relevance of planned research/ clinical studies during the fellowship to the field of dermatology
- Applicants wishing to complete a fellowship in a field considered by the IDA as significant on a national level will have an advantage
- Applicants are required to return to Israel at the end of the fellowship period, no later than 3 years following the beginning of the fellowship.
- The IDA fellowship grant will be given only once to each IDA member.

Application Forms must be submitted in English, with the requested supplemental documentation as stated below:

- 1) A letter from the institution abroad confirming the subject and dates of fellowship, and salary/support it will provide you during your fellowship.
- 2) A letter, in English, on hospital letter head and signed, by your Hospital Director/Administrator, indicating that a position is being held for you upon completion of the fellowship and your return to Israel. In case, your position will not be at a hospital but other institution in Israel public health system, a letter from the Director/Administrator of that institution indicating that a position is being held for you upon completion of the fellowship and your return to Israel is to be submitted.

- 3) A letter, in English, on hospital letter head and signed, from your employing institution in Israel detailing any support it will provide you during the fellowship period (salary, shabbaton, grants, or other) or confirming that it will not provide any such assistance.
- 4) A CV with a copy of your medical license and specialty certificate ( if completed residency).
- 5) A Recommendation Letter in English, on letter head and signed by your Department Head.
- 6) A Recommendation Letter in English, on letter head and signed by a senior physician/researcher (other than your Department Head) familiar with your work.
- 7) A document confirming you are an IDA member and that you have paid your membership fee.
- 8) A letter detailing the aim of your fellowship, your work plan and the specific benefits you hope to receive from your Fellowship training (maximum length- 2 pages)
- 9) A recent passport size color photo.

**Israeli Dermatological Association Fellowship Grant**

**APPLICATION FORM**

Please print clearly in English

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**A. Personal Information**

Place of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ (Year of Aliya: \_\_\_\_\_)

Marital Status: (Please Circle one): Single Married Divorced Widowed Other

Who will accompany you for the fellowship period? \_\_\_\_\_

If married please answer the following:

Spouse's Full Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Will Spouse be employed or studying Yes / No

If yes, please detail (including Salary and Grants anticipated) \_\_\_\_\_  
\_\_\_\_\_

Please list names and ages of children who will accompany you: \_\_\_\_\_  
\_\_\_\_\_

**B. Education and Professional Experience**

Medical School: \_\_\_\_\_ Year MD degree received: \_\_\_\_\_

Training: Dates Hospital Department/Specialty

Internship: \_\_\_\_\_

Residencies: \_\_\_\_\_  
\_\_\_\_\_

Additional Training: \_\_\_\_\_

Staff appointments prior to your current position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License to Practice: Date: \_\_\_\_\_ Other Countries? \_\_\_\_\_

Dermatology Board Certification? Date \_\_\_\_\_

**C. Current Professional Position in Israel**

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

(Name Title and Department)

Supervisor's Phone: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

Are you currently a Resident? Yes / No

If Yes, when does your Residency end? \_\_\_\_\_

**D. Your Professional Position in Israel After your Fellowship Training**

Institution: \_\_\_\_\_ Expected Starting Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Supervisor's E-mail: \_\_\_\_\_

**E. Position Abroad for Which Assistance is Requested**

Institution where you will perform your fellowship:

\_\_\_\_\_

Name City/State/Province

---

Department Specific project, field, or focus if any

Mentor: \_\_\_\_\_

Name Title/Position

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the TOTAL length of your Fellowship Program (how many years): \_\_\_\_\_

Period of training begins: \_\_\_\_\_ ends: \_\_\_\_\_

(Please provide dates of study for the entire fellowship to which you have been accepted)

Can Fellowship be extended: Yes or No

F. Expected Total Income During your Fellowship Year

I must notify IDA immediately if there is any change in my or my spouse's income

Salary/Grant: From Institution abroad \_\_\_\_\_

From your Israeli employer \_\_\_\_\_

From stipends or pensions \_\_\_\_\_

(include sabbatical funding)

Additional Income: Spouse's income \_\_\_\_\_

Spouse's stipends, pensions or grants \_\_\_\_\_

Rental income from your home in Israel \_\_\_\_\_

Do you have a mortgage payment for your apartment/home in Israel: Yes / No

If Yes, please provide monthly amount: \_\_\_\_\_

Please list all grants you have applied for to support you during your fellowship program  
(provide the names of the grants and the amounts)

---

---

---

Please list all grants you have already received for this Fellowship Program

(provide the names of the grants and the amounts)

---

---

---

### **G. Declaration**

I hereby promise to notify the IDA immediately if there should be any changes in my application, or in my income during the period of my fellowship program from any source, e.g. the receipt of additional grants, delay of arrival or if my spouse finds gainful employment. I also declare that I haven't received in the past the IDA fellowship grant and that I will return to Israel no later than 3 years following the beginning of the fellowship and will serve as a physician in Israel public health system. In case, I will not be able to fulfill the declaration written above, I will return the amount of the grant to the IDA within 2 years.

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

### **Application Check List:**

Please be sure you have provided all of the following items as part of your application.

- Completed Application
- A letter detailing the aim of your fellowship, your work plan and the specific benefits you hope to receive from your fellowship training,
- Department Head Letter
- Institution Acceptance Letter
- Letter from Israeli Hospital Director
- Financial Support Letter
- CV
- A document confirming you are an IDA member and that you have paid your membership fees

- .  A recent passport size color photo.
- Copy of Medical License
- Specialty certificate (if completed residency).
- Letters of Recommendation