

FELLOWSHIP APPLICATION FORM

I am applying for a(n):

- ☐ administrative fellowship (1-2 years)
- ☐ research fellowship (1-2 years)
- ☐ modality-specific fellowships (home dialysis, glomerulonephritis, hemodialysis, palliative) (1-2 years)
- ☐ short term course work
- ☐ other: _____

01 Personal Information

Name	
Job Title/Position	
Health Authority	
Mailing Address	
Phone	
Email	

02 Proposed Academic Program of Study (only include if applicable)

Name of Program	
Institution	
Start and End Date	

03 Billing Information

Cost of Program	
Other Anticipated Costs (if applicable)	

04 Fellowship Objectives

Have you reviewed the Fellowship Overview document specific to your fellowship application?

- Research Fellowship ☐ Yes ☐ No
- Home Dialysis Fellowship ☐ Yes ☐ No
- Glomerulonephritis Fellowship ☐ Yes ☐ No

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05 Area of Interest

Describe your proposed area of interest:

06 Academic Program

Please describe your learning objectives for the proposed academic program (e.g. Masters of Health Administration). After completing the course, what steps will you take to incorporate what you have learned at your workplace?

07 Attach your CV, 1-2 page overview of your career goals, and the contact information of 3 references with your submission

Please save a copy of this form and mail it to **BCRenal@BCRenal.ca**