

FELLOWSHIP APPLICATION FORM

I am applying for a(n):

- administrative fellowship (1-2 years)
- clinical fellowship (1-2 years)
- research fellowship (1-2 years)
- short term course work
- other: _____

01 Personal Information

Name	
Job Title/Position	
Health Authority	
Mailing Address	
Phone	
Email	

02 Program Information

Name of Program	
Institution	
Start and End Date	

03 Billing Information

Cost of Program	
Accommodation Costs (if applicable)	
Transportation Costs (if applicable)	

04 Fellowship Objectives

Outline your objectives for the fellowship:

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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 and a 1-2 page overview of your career goals with your submission.**

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