



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Helios UCMG Post Fellowship Training Awards

Please refer to the Terms of Reference for a brief overview of this award.

To be eligible for awards up to \$80,000, physicians must meet the criteria outlined below.

The Helios application is initiated by your home Department Head. Please ensure all documentation is included to complete your application.

Please select the check boxes to confirm your eligibility:

- I will have completed PGME training by June 2022
- I am pursuing further advanced clinical or scholarly training to enhance their skills post residency at another institution or at the Cumming School of Medicine
- I plan to return to Calgary on completion of training to practice medicine, have a full time or clinical faculty appointment and be a member of UCMG to enhance the expertise within our community

To support the Candidate's application, the Department Head will provide:

- A completed cover sheet (attached)
- A letter from the applicant describing the training they will be undertaking and any funding available for that training
- A copy of the applicant's CV
- A letter supporting the applicant and confirmation the Department will provide matching funding to a Helios UCMG Post Fellowship Award

Completed Helios applications should be addressed to:

Dr. Beverly Adams, Senior Associate Dean Education, Cumming School of Medicine

Completed Helios Electronic applications are **sent** to:

Janelle Best, Senior Administrative Assistant
Dean's Office, Cumming School of Medicine
Email: janelle.best@ucalgary.ca
Telephone: 403-220-4536

Deadline for applications: January 5, 2022

Helios UCMG Post Fellowship Award Application 2022—Cover sheet

Applicant Full Name	
Current Program at University of Calgary	
Anticipated date of program completion at University of Calgary	
Mailing Address	
E-mail	
Program to be pursued (e.g., Advanced training in retinal surgery)	
Name of Division/Department/University and/or Division/Department/Hospital or Health Care Facility	
Training Start Date	
Training End Date	
Source of Funding Available for	
Total funding available for training	
I will be able to bill for clinical work	<input type="checkbox"/> Yes <input type="checkbox"/> No