



## 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 a 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 2023
- 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. Lisa Welikovitch, 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](mailto:janelle.best@ucalgary.ca)  
Telephone: 403-220-4536

Deadline for applications: Friday, January 6, 2023

## Helios UCMG Post Fellowship Award Application 2023—Cover sheet

Applicant Full Name	
Applicant UCID	
Applicant student email	@ucalgary.ca
Mailing Address	
Current Program at University of Calgary	
Current Department at University of Calgary	
Anticipated date of program completion at University of Calgary	
Program to be pursued (e.g., Advanced training in retinal surgery)	
Name of Division/Department/University/Hospital or Health Care Facility	
Location of Program to be pursued	
Training Start Date	
Training End Date	
Source of funding available for training (specify currency if outside of Canada)	
Total funding available for training (specify currency if outside of Canada)	
I will be able to bill for clinical work	<input type="checkbox"/> Yes <input type="checkbox"/> No