

ISTH - REACH THE WORLD EDUCATION PROGRAM

<u>Advanced Fellowships for young colleagues</u> <u>from underprivileged countries</u>

- 1. The program is targeted to Fellows from underprivileged countries. The objective is to promote knowledge and expertise in one or all of the following areas: Medical care, laboratory methods, research related to thrombosis and Hemostasis.
- 2. Applications should be a joint initiative of applicant and host.
- 3. Applicant can be an MD or PhD
- 4. Applicant should have an adequate command of English (speaking, reading and writing), or should be in command of the language spoken in the host center.
- 5. Applicant should be 37 years old or younger.
- 6. Applicant should be from an Academic Center.
- 7. Applicant should not have an affiliation with a pharmaceutical or other biomedical commercial company.
- Applicant should have a record in Thrombosis and Hemostasis (papers, presentations, etc.).
- 9. Both applicant and Director of her/his Department should submit robust reasoning of Fellowship, and description of the potential long-range benefits for the applicant's center.
- 10. Fellowships will be for up to a 4 months period.
- 11. The Director of the host Institute should submit a detailed program of training with time lines as specified in the application form.
- 12. The Head of the home Institute/Department should submit a letter as specified in the application form.
- 13. Fellowship will include:
 - a. Economy class travel
 - b. Modest housing
 - c. Per diem expenses
- 14. Applications will be approved on a competitive basis by an ad-hoc committee of ISTH Council Educational Committee.
- 15. Deadlines for submission of applications are January 1 and June 1 of each year.

Submit completed applications to Orly Katz by email (<u>orlykatz@sheba.health.gov.il</u>) or fax (+972 3 535 1568); or send to ISTH headquarters by email (<u>headquarters@isth.org</u>) or fax (+1 919 929 3935).



ISTH – REACH THE WORLD EDUCATION

ADVANCED FELLOWSHIP PROGRAM

	APPLICATION FORM (Please type in English)	Photo	
Deadline for submission:	January 1, June 1, of each year		
DATE	_		
SURNAME:			
(last name)	(please type)		
FIRST NAME:			
DATE OF BIRTH:	SEX	X:	
CITIZENSHIP:	PASSPORT	'NO.:	
WORK ADDRI		ENT/HOME ADDRESS:	
City			
Country			
Please give numbers	necessary for calling from abroad (+ co	ountry code, city, etc.)	
Work Phone No.:		Home Phone No.:	
Work Fax No.:			

Name Of University Graduated
Year of Graduation
Specialization Obtained in the Discipline of
Sub-Specialization Obtained in the Discipline of
ACADEMIC DEGREE / MD / PhD
ACADEMIC POSITION (if relevant)
NAME OF INSTITUTE/HOSPITAL
POSITION
DESCRIPTION OF DUTIES AND RESPONSIBILITIES
Requested Topics of Training
1
2
3
Expectations from the Training and its impact on Home Institute/Department

Duration of fellowship in months (not m	
HOST INSTITUTE/DEPARTMENT	
NAME OF HEAD	
ADDRESS	
	COUNTRY
POSTAL CODE	_
TEL FAX	
E-MAIL	
SIGNATURE	DATE

Attachements:

- 1. Letter from the Head of Host Institute/Department which should state the following:
 - a. the objective of the fellowship
 - b. Program of fellowship with time lines
 - c. Assistance in finding accommodations
- 2. Letter from the Head of Home Institute/Department which should include:
 - a. Recommendation with description of achievements of applicant
 - b. Objective of fellowship

c. Potential benefits and application of what will be learned in the Home Institute/Department