

FELLOWSHIP PROPOSAL DOCUMENT

NAME OF FELLOW: _____

SUPERVISOR: _____

DATES OF FELLOWSHIP: Start Date _____ End Date _____

OBJECTIVES AND EXPECTATIONS:

1. Objectives

At the end of the fellowship, the fellow will have the following knowledge/skills (be as specific as possible)

2. Research Objectives:

At the end of the fellowship, the fellow(s) will be working on or will have completed (publication, presentation, etc.)

CONTENT AND ORGANIZATION OF THE FELLOWSHIP

1. Content of Training:

a) Clinical Activity: Hours in clinic/office/OR:

b) On-Call Duty: Frequency per week: _____

Is there an overlap with residents, medical students, etc? _____

c) Scheduled Teaching Sessions (rounds, journal clubs, etc.)

d) Time Reserved for Research: _____

EVALUATION

1. In-Training Evaluation System:

Describe the method used, who will perform and frequency of evaluation of the specific objectives described in "Objectives and Expectations".
