



UMN-SIU Leo Fung Memorial International Pediatric Fellowship PROGRAM APPLICATION FORM

Eligible: Pediatric urologists, surgeons, and nurse practitioners with an M.D. qualification, an academic appointment in their home country.

To apply, please submit the documents listed below to the SIU Central office, at the address indicated below.

- Fellowship application form
- Detailed C.V.
- Statement of purpose for seeking the fellowship (including a commitment to return to the home country) (between 500 and 1000 words)
- A recommendation letter from the immediate supervisor at the home institution
- Professional references
- Approval of UMN faculty sponsor

SIU Scholarships
c/o SIU Central Office
1155 University Street, Suite 1012
Montreal, Quebec H3B 3A7, Canada
E-mail: central.office@siu-urology.org

Personal Information

Last Name: _____ First Name(s): _____

Title(s): _____ Date of birth(mm/dd/yy): _____

SIU Member ID : _____

Nationality: _____ Native language: _____

Complete address: _____

English Level: Excellent Good Moderate Fair

Other languages spoken: _____

Current position (please list your status and function as well as the name and address of the institution where you work):

Is it a private or academic institution? Academic Private

School education (+ final degree): _____

University attended: _____

Graduation (+ final degree): _____

M.D. (date and institution where it was completed): _____

Ph.D. (date and institution where it was completed): _____

Where did you complete your residency? _____

Type of residency: Urology General Surgery

When did you complete your residency? (mm/dd/yy): _____

Did you do a Fellowship? YES NO

If so where? _____

Type of fellowship: Urology General Surgery

Date of completion (mm/dd/yy): _____

Other credentials: _____

Medical License #: _____

Hobbies (sport, culture): _____

Membership in medical associations and societies. Positions held (if any):

Time Period of proposed training: _____

What, specifically, is the aim of your fellowship in clinical and experimental urology?

What are your future expectations and plans after the fellowship? Will you stay in academics? Will you return to the Institution you are currently working in?

How did you hear about the UMN-SIU Leo Fung Memorial International Pediatric Fellowship (who told you?)

Training Since Graduation

(list all previous employers to date (include start and end dates of the training))

About the Institution you are currently working in:

Program Director: _____

Number of Faculty Members & Residents: _____

Main areas of interest, clinically & experimentally: _____

Number of urological surgical procedures performed per year in your department

TURP: _____

TURBT: _____

Nephrectomy: _____

Cystectomy: _____

Urinary Diversion (list specific procedures): _____

Radical Prostatectomy: _____

Ureteroscopy: _____

Pediatric urology procedures (hypospadias, antireflux etc.): _____

Special procedures: _____

Describe special areas of clinical expertise in your hospital (e.g. bilharzia, tuberculosis, ureteral disease, trauma, vesico-vaginal fistulae, extensive stone disease ...)

List your publications, research and presentations

List any previous awards and honors