



## Choices for Advanced Training

# 2010

## Gillingham Pan-American Fellowship Program

Two six-month fellowships in the amount of \$10,000 each are offered to qualified Latin American candidates. The applicant should be a general ophthalmologist, no more than 2 to 3 years out of his/her residency program, and from Mexico, Central, or South America.

The applicant must have applied to an accredited fellowship program in the United States or Canada; confirmation of acceptance into the program must be received by the PAAO/PAOF by February 1. Failure to confirm acceptance into a training program will result in disqualification of an application. Preference will be given to candidates who are ECFMG certified. *The PAAO will not place applicants in institutions.*

## Pan-American Ophthalmological Foundation (PAOF)

Pan-American Scholarships are open to those general ophthalmologists from Mexico, Central and South America who are committed to teaching in an accredited medical school in their home country and who will devote some time to charity clinics.



**Pan-American Ophthalmological Foundation**  
**2010 Gillingham Pan-American Fellowship Program (US\$10,000)**  
**Application Form**  
**Receipt Deadline: September 1, 2009**

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## General Information

### Deadline for Application

The applicant should be a general ophthalmologist, no more than 2 to 3 years out of residency, from Mexico, Central, South America or the Caribbean. The *receipt* deadline for applications to the 2010 Gillingham Pan-American Fellowship Program is **September 1, 2009**. The PAOF Fellowships Committee will review all applications at its business meeting in October/November.

The applicant must have applied to an accredited fellowship program in the United States or Canada and include a copy of his/her application letter with this Gillingham application. Confirmation of acceptance into the program must be received by PAAO/PAOF by February 1. Failure to confirm acceptance into a training program will result in disqualification of an application. Preference will be given to candidates who are ECFMG certified. **Please note that deadlines will be strictly enforced.**

### Membership Requirement

Make sure you have verified your membership status with the PAAO Administrative Office. All applicants must be an Active Member (\$150) or a Member-in-Training (US\$50 per year) of the Pan-American Association of Ophthalmology (PAAO) at the time of application.

### Application Materials

Application materials should be submitted electronically, by email, to [info@paa.org](mailto:info@paa.org). Acceptable file types are \*.doc, \*.pdf, \*.jpg, \*.xls, \*.ppt.

- ◆ Complete application form
- ◆ Curriculum Vitae (CV)
- ◆ Letter of interest
- ◆ Letter of recommendation
- ◆ Copy of the letter of application to an accredited training program
- ◆ Confirmation of acceptance by an accredited training program (due by February 1)

### Application Eligibility

The applicant should be a general ophthalmologist, no more than 2 to 3 years out of his/her residency program, and from Mexico, Central, or South America. The applicant must have applied to an accredited fellowship program in the United States or Canada; confirmation of acceptance into the program must be included with the application form. Failure to confirm acceptance into a training program will result in disqualification of an application. Preference will be given to candidates who are ECFMG certified. *The PAAO will not place applicants in institution.*

Employees of the Pan-American Association of Ophthalmology (PAAO), Pan-American Ophthalmological Foundation (PAOF), members of the PAAO Executive Committee, members of the PAOF Board of Directors, their immediate family members and members of the same household, whether related or not, are not eligible to apply for scholarship/fellowship funding. All scholarships are subject to federal laws and regulations and are void where prohibited by law or regulation. Applicants agree to abide by the terms of these official rules and by decisions of the Review Committee which are final and binding on all matters pertaining to the scholarship/fellowship. The PAAO & PAOF reserve the right to disqualify any applicant that they determine, in their sole discretion, to be ineligible to participate in the scholarship/fellowship program. Individuals who have previously received scholarship/fellowship funding are ineligible to apply for additional scholarships/fellowships/funding.



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**Pan-American Scholarship Policies and Awardee Responsibilities**

1. The Awardee is responsible for obtaining the appropriate Exchange Visitor Visa (J-1) and other travel documentation, if applicable.
2. The awardee must fulfill all duties and responsibilities of the hosting institution to the best of his or her ability.
3. The awardee will live under the financial limitations of the grant. The awardee cannot petition the hosting institution for part-time salaried positions, e.g. Emergency Room duty, to supplement the grant income.
4. The awardee is responsible for all expenses incurred while in the program, e.g. payment of his or her own housing, food, medical bills, etc. The PAAO assumes no responsibility or liability for the accidental injury or death of the awardee.
5. The awardee is responsible for obtaining and paying for insurance coverage while in the program. Types of insurance needed while in the program may include (but are not limited to): personal medical insurance, malpractice insurance, auto insurance, and renters insurance.
6. The awardee is strongly discouraged from bringing his or her spouse and/or other family members for the duration of the fellowship. If, in the event that the family member must accompany the awardee, the family member cannot interfere in any way in the fellowship or the hosting institution, e.g., finding a job or any other activity with the hosting institution.
7. The awardee understands that his or her name may appear in the PAAO/PAOF newsletters or other promotional material to promote this program for future participants.
8. The awardee is obligated to return to his or her country of origin and to participate in a teaching program and/or charity work for a minimum of six (6) months. The awardee must send the PAAO a letter of verification from the director of the program.
9. All applicants must be an Active Member (\$150) or a Member-in-Training (US\$50 per year) of the Pan-American Association of Ophthalmology at the time of application. Upon completion of the fellowship, the awardee is responsible for maintaining his/her membership in the PAAO.
10. Any research conducted by the awardee during the fellowship will credit both the PAAO and Retina Research Foundation for funding.
11. The Awardee assumes entire responsibility and hereby agrees to protect, indemnify, defend, and save the Pan-American Ophthalmological Foundation (PAOF) and the Pan-American Association of Ophthalmology (PAAO) and their employees and agents, harmless against all claims, losses and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by the Awardee's participation in any PAAO/PAOF Program.
12. Within 60 days of completion of the fellowship, the Awardee must remit a 2-3 page report (including pictures and suitable for publication in *Vision Pan-America*) on his or her experience to the Administrative Office.

**Contact with Pan-American Ophthalmological Foundation Staff**

The PAOF welcomes phone calls and or emails from applicants to clarify the PAOF's guidelines and application procedures. However, calls and or emails to discuss the details of pending scholarship applications are strongly discouraged.

Pan-American Ophthalmological Foundation  
1301 South Bowen Road, Suite 365, Arlington, Texas 76013 USA  
**Telephone:** (817) 275-7553 **Fax:** (817) 275-3961 **Email:** [info@pao.org](mailto:info@pao.org)



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***Type all Information***

**PAAO ID:** \_\_\_\_\_ (please contact PAAO Office if you don't know your membership ID number)

**Name of Applicant:** \_\_\_\_\_  
First Name, Middle Initial, Last Name(s)

**Degree(s)** \_\_\_\_\_  
MD, PhD, etc.

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yyyy

**Email:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

Provide a small  
passport style  
photograph

Submit as an attachment for  
emailed application forms

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**Current Training Program:** Complete contact information of the Department Chair or Program Director who is recommending you to for this scholarship.

**Program Director/Department Chair:** \_\_\_\_\_  
First Name, Middle Initial, Last Name(s), Degree(s) (MD, PhD)

**Institution:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **PAAO ID:** \_\_\_\_\_

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**Accepting Program:** Name of the Institution to which you have been/will be accepted. Make sure to include the name of the Program Director who will be supervising your training and as well as dates of the training program.

**Program Director/Department Chair:** \_\_\_\_\_  
First Name, Middle Initial, Last Name(s), Degree(s) (MD, PhD)

**Institution:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **PAAO ID:** \_\_\_\_\_

**Training Dates...Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**Subspecialty Field of this program:** \_\_\_\_\_



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**Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc.**

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**List of Publications (Omit if Included in CV)**

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**EMERGENCY CONTACT INFORMATION** (someone other than the applicant: parent, spouse, etc.)

Last Name (s)		First Name	
Email Address		Relationship to applicant	
Physical Address (for contact by regular mail)			
City	State/Province	Zip Code	Country
Telephone (home)	Telephone (work)	Fax number	

**AGREEMENT**

I have read and accepted the above terms and responsibilities for a Pan-American Scholarship.

(A) I understand that noncompliance will be grounds for termination of the scholarship.

(B) I understand that I am obligated to return to my country of origin and submit a report on my activities during the scholarship stay.

(C) I further understand that I am obligated to be an Active Member or a Member-in-Training of the Pan-American Association of Ophthalmology at the time of application.

I assume entire responsibility and hereby agree to protect, indemnify, defend, and save the Pan-American Ophthalmological Foundation (PAOF) and the Pan-American Association of Ophthalmology (PAAO) and their employees and agents, harmless against all claims, losses and damages to persons or property, governmental charges, or fines and attorney's fees arising out of or caused by my participation in the Gillingham Pan-American Fellowship Program. In addition, I acknowledge and understand that the PAOF and PAAO do not obtain and maintain insurance and that it is my sole responsibility to obtain medical, malpractice, property, life, and travel insurances as deemed necessary by the fellowship program.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_