



# IFOS / ICO International Fellowship

## Policies

The IFOS/ICO International Fellowship Program was founded in 2000 on the recommendation of the then ICO Treasurer Prof. Balder Gloor, Switzerland. Due to his dedication and hard work, more than 230 Fellows have been supported through 2006. In June 2006, Prof. Veit-Peter Gabel, Germany, took over responsibility for the Fellowship Program. He will continue Prof. Gloor's heritage with the same enthusiasm and commitment.

The three-month IFOS/ICO Fellowships were organized to help promising young ophthalmologists from developing nations improve their practical skills and broaden their perspectives of ophthalmology. Fellows are expected to bring their acquired knowledge and skills back to their native country and participate in programs to preserve vision and prevent blindness. The Fellowship Program adheres to the global initiative "Vision 2020" in spreading education and professionalism to all parts of the world and in promoting international collaboration between institutions dedicated to eye care.

To reach these ambitious aims, the ICO has allocated more than USD 160'000 per year for the Fellowship Program. Since 2005, there has been an additional contribution of USD 95'000 per year by the ICO Foundation. From the very beginning, anonymous private sponsors as well as pharmaceutical companies and organizations such as Novartis, Santen, Local and International Rotary Clubs, CBM International, AOI, DOG, Pro Visus, Acritek, and Schiller Foundation have donated considerable amounts on a regular basis and have enhanced the possibilities of the Fellowship Program tremendously.

It is the generous participation of more than 70 Training Centers around the world, however, that is responsible for the success of the Fellowship Program in the end. All Centers agreed to not charging any fees for providing IFOS/ICO Fellows with excellent scientific and clinical training. Fellows are taught practical ophthalmological skills and are encouraged to work directly with patients. IFOS/ICO Hosts make an effort to assure a positive experience for the Fellow, both inside and outside the hospital. Fellowship Board and Hosts keep close contact during the Fellowship in order to take best care of the Fellow. After the Fellowship, both Fellows and Hosts report to the Fellowship Board. This guarantees a continuous evaluation of the Fellowship Program. Moreover, Fellows are asked to keep on reporting to the Fellowship Board upon return to their countries of origin, which allows a long-term assessment of the Fellowship achievements. These reports verify the usefulness and efficiency of the IFOS/ICO Fellowship Program.

Fellowships may be in Comprehensive Ophthalmology or in subspecialties, such as Pediatric Ophthalmology, Medical and/or Surgical Retina, Pediatric Ophthalmology, Cataract Surgery, Cornea & External Diseases, Glaucoma, Neuro-Ophthalmology, Ocular Oncology, Uveitis, or Strabismus. The relevance to the candidate's home institution and country receives particular attention.

There are two application deadlines each year: March 31<sup>st</sup> and September 30<sup>th</sup>. The maximum grant amounts to USD 4'000. The grant is in accordance with student-style living expenses in the host country. IFOS/ICO Fellowship cannot supplement another grant. In some exceptional and well-founded cases, they may however serve to extend a longer training if the candidate's return to his country of origin is guaranteed. The cheapest return ticket is paid for as well, but insurance (health, accident, liability, etc.) cannot be covered by IFOS/ICO at the moment. The home and host institutions are asked to help here.

Up-to-date information on the IFOS/ICO International Fellowship Program is available on <http://www.icoph.org/fellow> and via the Fellowship Board:

Prof. Dr. Veit-Peter Gabel, IFOS/ICO Fellowship Director

Widmannweg 16, 93049 Regensburg, Germany

Telephone: +49-941-33221; Fax: +49-941-20609899; Email: [fellowship@icoph.org](mailto:fellowship@icoph.org)



# IFOS / ICO International Fellowship

## Application & Selection

### Who is Eligible?

Candidates must have completed basic residency training in ophthalmology and should be below 40 years of age. They have to guarantee that they will return to their native country after the training, resume their old position, and apply what they have learned. Those holding or aspiring to a teaching post will be preferred. It is advantageous (or highly recommended for candidates) to have passed the ICO International Basic Science and Clinical Sciences Assessments for Ophthalmologists (<http://www.icoph.org/assess>).

### How to Apply?

#### 1) Find a Host → FORM A

Decide which subspecialty you would like to get your training in, scan the Directory of Training Centers for an appropriate host (be aware of language problems!), send him/her your CV and ask him/her if he/she would accept you as a fellow if you were awarded the IFOS/ICO International Fellowship.

Please do not contact more than one host at a time in fairness to other candidates!

If the host is willing to accept you, he/she has to fill in FORM A and send it to you and the Fellowship Board. You cannot apply for the IFOS/ICO International Fellowship without having been accepted by an IFOS/ICO Fellowship Host!

#### 2) Compile Your Application

**FORM B** Be precise and keep the Fellowship Board informed about any changes!

**FORM C** Define the aims of your fellowship in agreement with your future host. Make sure that the objectives can be met within the restricted period of three months!

**FORM D** Please be aware that you need to verify your data (copies of certificates etc.)!

**FORM E** Ask your present chief to fill in FORM E after showing him your application!

Please sign all forms.

You have to include a **letter of recommendation by a previous chief**. This testimonial must be on an official letter head, signed and stamped!

Make sure that you also include **verification of your qualifications** and separate **lists of publications and teaching activities**.

#### 3) Submit Your Application

Please scan all signed forms, certificates, testimonials, etc., and save them (reduce file size if possible!).

Send your complete application ONCE and in ONE email! Please allow two weeks for an acknowledgement of receipt! You can also fax it or send it by regular mail.

**BE AWARE THAT ONLY COMPLETE APPLICATIONS WILL BE PROCESSED!**

Application deadlines are March 31<sup>st</sup> and September 30<sup>th</sup>.

Please be patient! You will be immediately informed about any news!

### Selection

A Committee of three international experts evaluates all applications and decides on whom to award the Fellowship. Selection criteria include the candidate's qualifications, the relevance of the fellowship to his/her home institution and country, and a balanced geographical representation.

The decision of the Committee is confidential, final, and non-negotiable.

Contact Details of the Fellowship Board: Prof. Dr. Veit-Peter Gabel, Fellowship Director  
Email: [fellowship@icoph.org](mailto:fellowship@icoph.org)  
Fax: +49-941-20609899



## Host's Notice of Acceptance

**Candidate** Title:  Male  Female

Family Name(s):

First Name(s):

Age: Nationality:

CV Submitted?  Yes  No

**Fellowship** Host:

Supervisor:

Subspecialty:

Details:  Observership  Clinical Exposure  Surgical Exposure

Proposed Dates: / / to / /

Deadline March 31, 2007: Fellowship must start between 01/10/2007 and 01/06/2008.

**Budget** Living Expenses (Student-Style): USD / 3 Months  
Accommodation, meals, public transportation, etc.

I hereby accept the IFOS/ICO Fellowship Program Policies and confirm that I am willing to host the above mentioned candidate. I am familiar with his/her aims and I will help him/her achieve them in the three months. I declare that I will not charge any fees for providing the ICO Fellow with an excellent scientific and clinical training. I state that I discussed possible language problems with the candidate. I will work to assure a positive experience for the fellow, both inside and outside the hospital.

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Place and Date. Host's Signature. Stamp of the Institution.

### **Host's and Supervisor's Contact Information**

Please provide your postal and email addresses and your private and office telephone and fax numbers.

**Candidate Details**

**Candidate** Title:  Male  Female

Family Name(s):

First Name(s):

Date of Birth: Nationality:

Postal Address:

Email Address:

Telephone Nr.: Fax Nr.:

Languages:

Community / Social Work:

Testimonial by a Previous Chief Submitted?  Yes  No

Verification of Qualifications Included?  Yes  No

Separate List of Publications Included?  Yes  No

Separate List of Teaching Activities Included?  Yes  No

**Banking Details** Account Nr.:

Account Holder (exact name!):

Bank Name:

Swift Code:

Full Bank Address:

I hereby accept the IFOS/ICO Fellowship Program Policies and apply for an IFOS/ICO Fellowship. I promise to work hard to achieve my aims and to derive maximum benefit from my training. I am able to communicate in one of the languages that are offered in my training center. I guarantee that I will return to my native country, resume my old position, and apply what I have learned. I know that I will have to pay back the grant if I do not finish my training.

I certify that everything stated in this application is true to the best of my knowledge.

I will inform the Fellowship Board of any changes (address etc.) immediately.

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Place and Date. Signature.



## Fellowship Plans

**Candidate** Family Name(s):

First Name(s):

Age:

Nationality:

**Fellowship** Host:

Training Center, Country:

Subspecialty:

Proposed Dates:        /        /        to        /        /

Deadline March 31, 2007: Fellowship must start between 01/10/2007 and 01/06/2008.

Travel Expenses (Cheapest Return Ticket):    USD

**Please comment on the specific aims of your fellowship. What are your plans upon return to your home country? What are your plans for the future? What are the practical implications of your fellowship a) for your personal professional development, b) for your home institution, and c) for your home country?**

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Place and Date. Signature.



## Candidate Qualifications

**Candidate** Family Name(s):

First Name(s):

Age:

Nationality:

**Please include copies of your qualifications (certificates, diploma, etc.) which verify your data!**

**Please include a separate list of publications showing citation details and abstracts!**

**Please include a separate list showing your teaching activities!**

**Exams**

Medical School:

from

to

----- year:

BA  yes  no year:

MD  yes  no year:

MA  yes  no year:

PhD  yes  no year:

Board  yes  no year:

ICO Basic Science Assessment  yes  no year:

incl. Optics & Refraction  yes  no year:

ICO Clinical Sciences Assessment  yes  no year:

thesis  yes  no

thesis  yes  no

thesis  yes  no

**Postgraduate Training**

Ophthalmology Residency:

Fellowships:

**Present Position**

**Teaching Activity**

students, residents, externals, etc.

**Number of Publications**

a) in peer reviewed international journals:

b) in reviewed national journals:

c) in not reviewed journals:

d) oral presentations and posters:

**Awards**

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Place and Date. Signature.



## Present Chair's Testimonial

**Candidate** Family Name(s):  
First Name(s):  
Present Position:  
Department:  
Candidate's Teaching Activity:  
(Students, Residents, Externals, etc.)

**Fellowship** Proposed Dates:        /        /        to        /        /

**Present Chair** Full Name:  
Institution:  
Email Address:

**Why should this candidate be awarded an IFOS/ICO Fellowship? Please also comment on the fellowship's relevance to the candidate's home institution and country. What are the plans upon the fellow's return to his country of origin? Are there any initiatives in the context of "Vision 2020"?**

I hereby confirm that I have read the IFOS/ICO Fellowship Program Guidelines and that I am familiar with the candidate's fellowship plans. I support the candidate's application. The candidate will be released for the time of the fellowship. I guarantee that the candidate will be allowed to resume his position after the training and will be able to apply what he has learned.

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Place and Date. Signature. Stamp of the Institution.