**1. SELF-FUNDING (i.e. personal financing) IS ONLY ALLOWED IN EXTRAORDINARY CIRCUMSTANCES. Prior to** making an offer and using this letter template, Supervisors and Fellowship Program Directors must clear the arrangement with the Dept. of Medicine. Contact fellowships.medicine@utoronto.ca, or call 416-978-6453.

**2. Using this template:** Before forwarding the template to the applicant, **program coordinators must**

* **fill in the dollar amount** in paragraph 2 belowwith the most current PGY1 salary level, which can be found at[www.myparo.ca](http://www.myparo.ca) under “Your Contract, Annual Salary Scale”;
* **delete these notes.** Forward only the text below to the applicant.

*Date:*

Director, Postgraduate Education

Department of Medicine

Faculty of Medicine, University of Toronto

This letter will confirm that my training for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a Clinical Fellow at the University of Toronto will be funded as indicated below. I will be responsible for all financial costs and expenses incurred while training as a Clinical Fellow for this time period.

I understand that I will require a minimum of CAD$\_\_\_\_\_\_\_\_\_\_\_\_ per annum to achieve a reasonable standard of living in Toronto and confirm that I have this amount for each year of my fellowship. (For details concerning this minimum, see the *Guidelines for Remuneration of Clinical Fellows* at <http://www.pgme.utoronto.ca/content/current-trainees>. For an estimate of the cost of living in Toronto, see the Orientation Booklet available at <http://www.pgme.utoronto.ca/content/pgme-trainee-resources> in the Registration Information section.

I am currently able to provide these funds through

 🞎 Personal savings

 🞎 Spouse has a fully funded fellowship position

 🞎 Billing outside of the fellowship with an independent practice license valid in Ontario

This fellowship will be

🞎 Done full time

🞎 Done part-time (less than 5 days per week).

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours truly,