



Dr. Ian Mackie Medical Fellowship Application

Fellowship Term: January 2008 - December 2009

Application Deadline: August 31st, 2007

Name:

Address:

Phone: _____ **Fax:** _____

E-Mail: _____

National Lifesaving Organization:

(Applicants must be nominated by their local ILS member organization)

Birth date: _____

Age at Jan

1/08: _____

(Must be under 30

years)

Attach following documents to application file:

- ☐ **CV or resume outlining educational background, personal history, and lifesaving/lifeguarding leadership**
- ☐ **experience (no more than 2 pages)**

Two letters of reference from nominating ILS member organization

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- ☐ **Applicant's cover letter requesting consideration and outlining interest in the medical/health care issues of lifesaving as demonstrated through scholarly activity or educational achievement (no more than 2 pages)**

I confirm that I am able to participate in email/committee discussion:

☐ **YES** ☐ **NO**

(Some ability to participate in email and telephone communication in English is preferred to allow for effective participation.)

I understand that the ILS Dr. Ian Mackie Medical Fellowship is a program of educational opportunity provided by ILS. The Fellowship will entitle the recipient to participate in all the e-mail, conference call and other deliberations of the Medical Committee. The Fellowship recipient will be entitled to raise issues and speak at Medical Committee meetings. They will be a non-voting participant.

The Fellowship will involve one international meeting each year of the two year Fellowship to allow participation in ILS Medical Committee Meetings, Aquatic Medical/Rescue Conference and/or participation in a meeting, conference, self-directed learning or activity that are helpful to the development of medical issues in lifesaving. The ILS Medical Committee will approve decisions about meeting participation, expense limits and any representation issues.

I understand that my participation as an ILS Dr. Ian Mackie Medical Fellow may be limited, terminated and/or revoked by the ILS Medical Committee.

I agree to the conditions of this program:

Signature: _____

Date:

Witness: _____ **Date:** _____

Send applications to:

Dale Miller

Administrative Assistant, Medical Committee

International Life Saving Federation

dr_miller@telus.net

Application and supporting documents must be sent by email only, preferably in a single file. A reply will be sent on receipt of application to advise if the application is incomplete or complete.