

Ross Eye Institute
Department of Ophthalmology
University at Buffalo

Application for Clinical Fellowship in Orthoptics

From (year): _____ To (year): _____

Please type or print legibly. Complete all sections.

(1) NAME: _____
LAST FIRST MIDDLE

(2) CURRENT MAILING ADDRESS: _____

(3) TELEPHONE: DAY:(____) _____ NIGHT:(____) _____

(4) E-MAIL ADDRESS: _____

(5) PERMANENT ADDRESS (IF DIFFERENT THAN CURRENT):

(6) SOCIAL SECURITY #: _____

(7) DATE OF BIRTH: _____ PLACE: _____

(8) CITIZENSHIP: _____

(9) MARITAL STATUS: _____ NUMBER OF CHILDREN: _____

(10) NAME OF SPOUSE: _____ OCCUPATION: _____

(11) NEAREST RELATIVE (OTHER THAN SPOUSE):

NAME RELATIONSHIP

ADDRESS

(12) Do you have, or have you had any illness or physical disability that might in any way interfere with your education and responsibilities as an orthoptic student? _____
If yes, please explain: _____

(13) List education and activities chronologically from high school to present:

FROM	TO	NAME OF SCHOOL	LOCATION	DEGREE
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(14) List any memberships in societies, professional organizations, or others: _____

(15) Do you have any hobbies that you enjoy? _____

(16) How did you hear about Orthoptics as a career? _____

(17) Why does the field of Orthoptics appeal to you? _____

(18) What other professions have you considered? _____

(19) Three letters of recommendation are required. List below the names of all of your references and ask them to write directly to: **Samantha Pape, CO Attention: Orthoptic Program; Ross Eye Institute, 1176 Main Street, Buffalo, NY 14209; spape@buffalo.edu**

1. _____
NAME ADDRESS

2. _____
NAME ADDRESS

3. _____
NAME ADDRESS

(20) Enclose with this application:

1. Brief autobiographical sketch (less than 300 words)

(21) Please forward:

1. College transcripts

2. Three letters of recommendation

Check to see that all questions have been answered. Mail/fax/e-mail application and enclosures to **Samantha Pape, CO, Attention: Orthoptic Program; Ross Eye Institute, 1176 Main Street, Buffalo, NY 14209; spape@gmail.com**

APPLICANT'S SIGNATURE: _____ DATE: _____