

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) CELL PHONE: (____) _____

(4) E-MAIL ADDRESS: _____

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

(6) CITIZENSHIP: _____

If non-US Citizen, do you have a Green Card or Visa: _____

(7) PRIMARY LANGUAGE: _____

Other language(s) you speak fluently : _____

(8) NEAREST RELATIVE (for emergency contact):

NAME RELATIONSHIP

E-mail

Cell phone

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

DATES	NAME OF SCHOOL	DEGREE/CERTIFICATE
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(10) Do you currently hold any certification in another health care field (i.e.: COT, COMT)?

(11) List any memberships in societies, professional organizations, or others: _____

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

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

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

(15) What other professions have you considered? _____

(16) Do you plan to apply for Certification to the American Orthoptic Council upon successful completion of the Ross Eye Institute Orthoptic Fellowship? _____

(17) Three letters of recommendation are required. List below the names of all of your references and ask them to write directly to: **Kyle Arnoldi, C.O., C.O.M.T., Attention: Orthoptic Program; Ross Eye Institute, 1176 Main Street, Buffalo, NY 14209; kylea@buffalo.edu**

1. _____
NAME E-MAIL

2. _____
NAME E-MAIL

3. _____
NAME E-MAIL

(18) Enclose with this application:

1. Brief autobiographical sketch (less than 300 words). You may expand on any of the questions (#9 – 16) asked above.

- (19) 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 Kyle Arnoldi, C.O., C.O.M.T., Attention: Orthoptic Program; Ross Eye Institute, 1176 Main Street, Buffalo, NY 14209 (kylea@buffalo.edu; FAX: 716-887-2990)

Completed applications (including this form, autobiographical sketch, transcripts, and all reference letters) are due by February 28 each year. Qualified applicants will be invited to schedule a virtual interview. Contact Kyle Arnoldi at kylea@buffalo.edu with questions.

DATE: _____

APPLICANT'S SIGNATURE: _____