

Application for Fellowship Training

The University of Michigan
Department of Ophthalmology and Visual Sciences
W.K. Kellogg Eye Center
1000 Wall Street, Ann Arbor, MI 48105
Phone: 734-763-8122 Web: www.kellogg.umich.edu

Today's Date: _____

Subspecialty
field of interest: _____

Name: _____

OMP#: _____

Address: _____

Permanent Address: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Email: _____

State Medical Licensure: _____

Education and Postgraduate Training

School or Program Name	Location	Year of Completion	Degree or Specialty
College(s)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Medical School(s)			
_____	_____	_____	_____
_____	_____	_____	_____
Internship			
_____	_____	_____	_____
Residency			
_____	_____	_____	_____
Fellowship(s)			
_____	_____	_____	_____
_____	_____	_____	_____

National Board Scores: _____

Please list dates of any other special training and experience. Include professional or nonprofessional activities after graduation from college. Please account for any significant delays in your progress towards degrees.

Other Positions Held	Years	Principal Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Evaluator Information

Please supply contact information for three (3) academic and three (3) clinical references. A letter of recommendation from each of your academic references must also be included with this application. **NOTE: When applicable, the same individual may be used as an academic and a clinical reference.** References MUST be current within **12 months** of the end of your residency training date.

1. Academic Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

2. Academic Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

3. Academic Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

2. Clinical Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

1. Clinical Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

3. Clinical Reference

*Email: _____

*Name: _____

*Title: _____

Institution: _____

*Address 1: _____

Address 2: _____

*City: _____ State: _____

*Country: _____

*Postal Code _____

*Phone: _____ Fax: _____

*Reason for Evaluators Selection:

Application Instructions:

Please return this form along with a curriculum vitae to the fellowship program director at the University of Michigan Kellogg Eye Center.

Please arrange for at least three letters of recommendation to be sent to the fellowship program director. These must include letters from the director of your ophthalmology residency program and from two faculty members of that program. Additional letters from previous fellowship advisers or ophthalmology job colleagues are optional.

**Please send the completed form and other required materials via mail or express courier service.
Do NOT include a photograph of yourself.**

Application Checklist:

- Completed application for fellowship training
- Curriculum vitae
- Personal statement
- Contact information & letters of recommendation from 3 academic references
- Contact information for 3 clinical references (these can be the same as academic references)

Fellowship Program Directors:

Neuro-ophthalmology - Jonathan D. Trobe, M.D.
Ophthalmic Pathology - Victor M. Elner, M.D., Ph.D.

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*Includes discrimination based on gender identity and gender expression.