

2011



**FELLOWSHIP TRAINING APPLICATION**  
**UT Southwestern, Department of Ophthalmology**

APPLICANT INFORMATION										
Last Name			First			MI	D.O.B.			
Street Address					Apartment/Unit #					
City				State		ZIP				
Home Phone:		Cell Phone:		E-mail Address:						
Fellowship Applying for:		Texas Medical License No:				Expiration Date:				
Are you a US Citizen?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you passed the ECFMG exam?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	<i>If so, please enclose a copy of the certificate</i>					
Have you passed the VQE exam?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	<i>If so, please provide a letter</i>					
Military status:										
VISA STATUS: <i>Please provide a copy of your visa</i>										
USMLE test scores:		Part I:			Part II:			Part III:		
Did it take you more than 3 times to pass any part?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, number:				
EDUCATION										
High School					City, State, Zip					
From:		To:								
College				City, State, Zip						
From:		To:		Degree:						
Medical School					City, State, Zip					
From:		To:		Degree:						
PREVIOUS POST-GRADUATE TRAINING – INTERNSHIP										
Institution				Phone ( )						
Location				Program Director						
				From:		To:				

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**FELLOWSHIP TRAINING APPLICATION**  
UT Southwestern, Department of Ophthalmology



**PREVIOUS POST-GRADUATE TRAINING – RESIDENCY**

Institution Phone ( )

Location Program Director:

From: To:

**PREVIOUS POST-GRADUATE TRAINING – FELLOWSHIPS**

Institution Phone ( )

Location Program Director:

From: To:

Institution Phone ( )

Location Program Director:

From: To:

**Please send this application along with:**

- **Current CV**
- **3 Letters of Recommendation (Suggest 1 each from a neuro-ophthalmologist, an oculoplastics surgeon, and your residency Program Chair or Program Director)**
- **USMLE Step 1, 2 and 3 Score Reports**

**Applications can be sent by e-mail or mail:**

[OphthEdu@utsouthwestern.edu](mailto:OphthEdu@utsouthwestern.edu)

**Education Program Coordinator  
Department of Ophthalmology  
5323 Harry Hines Blvd.  
Dallas, TX 75390-9057  
Phone: 214-648-3848  
Fax: 214-645-9482**

**DISCLAIMER**

- By typing your name on the signature line below you affirm that all of the above information is true and correct.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: