

UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE DEPARTMENT OF OPHTHALMOLOGY

Bascom Palmer Eye Institute / Anne Bates Leach Eye Clinic

Clinical Fellowship Subspe	cialty			_	
	(type)				
Start date:(year)	End date:				
(year)		(year)			
Please print or type. Read ca	refully and complete	all question	ns.		
Personal Data					
Name in full					
FIRST		MIDDLE		LAST	
Current mailing address					
		STREET			
CITY	STATE			ZIF	.
Telephone ()	()		()	
DAY	NIGHT			CELL	
Email address					
Emergency Contact					
Emergency Contact	NAME			RE	LATIONSHIP
STREET ADDRESS		CITY		STATE	ZIP
Telephone ()		()		
DAY		,	,	NIGHT	
Are you able to perform the duties of	the Fellow position?	Yes	No		
If you are unable to perform all the duthe duties (i.e., depth perception):	uties of the Fellow position	, identify modif	fications w	hich would e	nable you to perform

Education

school to the present, EVEN if submitting a C.V. DO NOT SKIP THIS STEP. Include internship and residency. To Name of School Degree, if any, & date **From** Location (If additional space is required, please use separate sheet of paper) **Medical Licensure and Certification (if applicable)** Date and total score of each part of National Boards (USMLE) or FLEX Examinations (must attach copies or have results sent) Medical licensures - MUST HAVE FLORIDA LICENSE BEFORE BEGINNING CLINICAL FELLOWSHIP (state or province and dates – attach copies) NOT REQUIRED FOR PATHOLOGY FELLOWSHIP Have you ever had an application for medical licensure denied? Yes _ If so, state date, circumstances and state where the license was denied. (Use separate sheet of paper if needed). Have you ever had a medical license revoked? Yes_ No _ If so, state date, circumstances and state where the license was revoked. (Use separate sheet of paper if needed). Have you ever been convicted of a felony? Yes No If so, state as to the court, nature of offense, disposition and date of case. (Use separate sheet of paper if needed). **Experience** Military service or commitment_ Membership in professional societies

Please list chronologically your activities from the time of graduation from high school, beginning with undergraduate

Publications				
Foreign Medical Gradua	ntes Only (informatio	n required fo	r Visa proces	sing)
You must also have an appropria Bascom Palmer Eye Institute only	_	you to work in the	e United States. Pl	ease be advised that
At the time of hiring will you req	uire a visa sponsorship	Yes	No	
Citizenship if not US		_		
Note funding source of breakdow	n of \$			
If on a J-1 exchange visitors visa	, give country			
Have you passed your Foreign N YesNo				
Score on Basic Sciences	Clinical Scie	nces	English	Pass/Fail (circle one)
Give number and indicate type of	certificate	Standard	Interim_	
When did you first begin training	in the United States?			
References				
At least three letters of reference have supervised your recent active Bascom Palmer Eye Institute, Att (street address 900 NW 17 Street 1.	vities. List below the names n: Clinical Fellowship Progra	of all your reference am, P.O. Box 0168	ces and ask them t 880, Miami, FL 331	o write directly to: 01
Name	Address		Phone No	ımber
2. Name	Address		Phone No	ımber
3Name	Address		Phone No	ımber
Any others:				
Name	Address		Phone No	ımber
Name	Address		Phone No	ımber

Enclose with this application or forward separately

- 1. Brief personal/autobiographical statement
- 2. Medical School transcript
- 3. College transcript
- 4. USMLE transcripts
- 4. Dean's letter from medical school
- 5. At least Two (2) letters of reference
- 6. Curriculum Vitae

AGREEMENT

If offered an appointment as a Clinical Fellow/Student at the Bascom Palmer Eye Institute, University of Miami Leonard M. Miller School of Medicine and I accept same, I will abide by all the Rules and Regulations of the included Hospitals for members of the House Staff and will to the best of my ability fulfill the obligations of my assignment for the full term of my appointment.

Signature of Applicant	Date	
Fellowship Match # (if applicable)	_	

CHECK TO SEE THAT ALL QUESTIONS HAVE BEEN ANSWERED

Mail application and enclosures to:
 Damarys Menendez
 Bascom Palmer Eye Institute
 P.O. Box 016880
 Miami, Florida 33101
 (street address: 900 NW 17 Street, Miami, FL 33136) 305/326-6391; fax 305/326-6580 d.menendez3@med.miami.edu



www.bascompalmer.org