



UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
DEPARTMENT OF OPHTHALMOLOGY

Bascom Palmer Eye Institute / Anne Bates Leach Eye Clinic

Clinical Fellowship Subspecialty _____
(type)

Start date: _____ End date: _____
(year) (year)

Please print or type. Read carefully and complete all questions.

Personal Data

Name in full _____
FIRST MIDDLE LAST

Current mailing address _____
STREET

_____ CITY STATE ZIP

Telephone (____) _____ (____) _____ (____) _____
DAY NIGHT CELL

Email address _____

Emergency Contact _____
NAME RELATIONSHIP

_____ 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 duties of the Fellow position, identify modifications which would enable you to perform the duties (i.e., depth perception): _____

Education

Please list chronologically your activities from the time of graduation from high school, beginning with undergraduate school to the present, **EVEN** if submitting a C.V. **DO NOT SKIP THIS STEP**. Include internship and residency.

From	To	Name of School	Location	Degree, if any, & date
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(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 _____ No _____
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If so, state date, circumstances and state where the license was revoked.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 _____

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