

## TELEOPHTHALMOLOGY RESEARCH FELLOWSHIP APPLICATION

## **Applicant Information**

Name:			
Address:			
Phone:			
Email:			
Date of Birth (MM/DD/YYY):			
Gender:	Female	Male	
	Other:	Prefer not to answer	
Citizenship:	US Citizen	Permanent Resident	
	Other:		
Race:	Asian	American Indian or Alaska Native	
	Black or African American	Native Hawaiian or Pacific Islander	
	White	Prefer not to answer	
Ethnicity:	Hispanic or Latino	Not Hispanic or Latino	
	Prefer not to answer		

## Education

## Undergraduate Name of Undergraduate Institution: \_\_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree(s): \_\_\_\_\_ Major(s): \_\_\_\_\_\_ Minor(s): Post-Graduate (e.g., MPH, MS, MBA) Name of Post-Graduate Institution: Dates Attended: \_\_\_\_\_ Degree(s): GPA: \_\_\_\_\_ Field of Study: **Medical School** Name of Medical School: \_\_\_\_\_ Current Year: \_\_\_\_\_ USMLE Score: Step 1: \_\_\_\_\_ Step 2: \_\_\_\_\_ **Research Experience** Do you have research experience? Yes No

If yes, plea	se describe your work (please limit your response to 500 words):
Research Inter	rest
Areas of In	terest (check all that apply):
	Basic Research
	Clinical Research
	ranslational Research
Institute, a	ou interested in conducting research for a year at the Bascom Palmer Eye nd how do you feel this experience will contribute to your ultimate career goals it your response to 500 words)?
References	
Reference	1
Name:	
Title:	
Institut	ion:
Phone:	
Email:	

Reference 2		
Name:		
Title:		
Institution:		
Phone:		
Email:		
Applicant Checklist		
Completed Application		
Curriculum Vitae		
Official Transcripts (undergraduate and medical school)		
Letters of Recommendation (may be sent separately)		
Please send all application materials to Aundrea Tulin <u>alt184@med.miami.edu</u> by March 1.		
I certify that all information provided is complete and accurate to the best of my knowledge.		
Applicant Signature:		
Date:		