

Department of Ophthalmology, David Geffen School of Medicine at UCLA
Jules Stein Eye Institute

OPHTHALMOLOGY FELLOWSHIP APPLICATION

Fellowship to which you are applying: _____

Fellowship Dates: July 7, _____ to July 6, _____

Please type. Complete all fields even though you will attach your curriculum vitae.

_____	_____	_____	_____
Last	First	Middle	MATCH NUMBER

Mailing Address			

_____	_____	_____	_____
City	State	Zip	Country
_____		_____	
Home Telephone (include Area Code)		Fax Number (include Area Code)	
_____		_____	
Work Telephone (include Area Code)		E-mail address	

Date of Birth (Month/Day/Year)		

Place of Birth (City, State)		

Citizenship (Country): _____		
If a naturalized US citizen, provide the following:		

_____	_____	_____
Date of Naturalization	Place	Number
Medical Licenses:		
STATE:	NUMBER:	
_____	_____	
_____	_____	
_____	_____	

**Attach Recent
Photograph**

Name of Applicant:

Last First Middle Match Number

EDUCATION AND EXPERIENCE:

Current Position: ⇔ Ophthalmology Resident

⇔ Other: Specify: _____

EDUCATION: INSTITUTION AND DATES:

Medical School _____

Internship _____

Residency _____

Other _____

Signature _____ Date _____

Confidentiality of Recommendations:

While non-confidential letters of recommendation will be accepted and carefully considered, confidential letters may provide a more candid, and therefore more useful, assessment of the applicant's qualifications and abilities. Applicants are therefore invited, but not required, to sign the following waiver.

I understand that letters of recommendation concerning me are to be written and maintained in confidence, and I expressly waive any rights that I might have to access to such letters under the Family Educational Rights and Privacy Act of 1974, or under any other law, regulations or policy.

Signature _____ Date _____

I do not agree to this waiver:

Signature _____ Date _____

Detailed information about each fellowship program is maintained on the web site of the Jules Stein Eye Institute (<http://jsei.org>). This form may be transmitted to the fellowship coordinator by e-mail to establish an application file, but a signed original must be mailed.

A complete application consists of:

1. This form.
2. Your curriculum vitae.
3. A personal statement.
4. A medical school transcript.
5. Three letters of recommendation (one must be from the program director).
6. United States Medical License Exam (USMLE) transcripts.