



**University of Kentucky Department of Ophthalmology
 Kentucky Clinic Building, Lexington, Kentucky 40536-0284
 SURGICAL FELLOWSHIP APPLICATION FORM**

Attach photo here.

Date of this Application: _____

Desired Fellowship Program: _____ Year: _____ Starting Date: _____

PLEASE TYPE OR PRINT LEGIBLY - THANK YOU

Applicant's Name: _____
(Last) (First) - (Middle)

Present Address: _____ Until: _____
 _____ Phone: () _____

Permanent Address: _____ Phone: () _____

Social Security No.: _____ Sex: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ No. of Dependents & Ages: _____

COLLEGE EDUCATION:

| College or University: | Years Attended: | Degree / Year |
|------------------------|-----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Medical College: _____ Location: _____

Years Attended: _____ Year Graduated: _____ Dean: _____

INTERNSHIP(S)

| Hospital(s): | Location(s): | Dates: | Service: |
|--------------|--------------|--------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

POSTGRADUATE TRAINING:

| Hospital(s): | Location(s): | Dates: | Service: |
|--------------|--------------|--------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Visa Status: _____ *USMLE OR ECFMG # _____ Date: _____
(Attach photocopy)

Licensure Examination: Date Taken: _____ Results: _____

USMLE (or equivalent) Date Taken: _____
Part I: _____ Results: _____
Part II: _____ Results: _____
Part III: _____ Results: _____

CURRENT MEDICAL LICENSES:

| State(s): | Number(s): | Date(s) |
|-----------|------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Membership(s) in Organizations (Professional, Honorary, etc.):

REFERENCES:

(List at least three physicians and request letters to be forwarded.)

1. _____
2. _____
3. _____

Additional Instructions:

1. Attach a passport size photograph to the front.
2. Submit:
 - (a) a transcript record from your medical college.
 - (b) proof of previous training (copy of medical school diploma, etc.)
 - (c) copy of your medical license certificate.
 - (d) all graduates of foreign schools: attach photocopy of your USMLE or ECFMG certificate.
 - (e) copy of recent eye examination.
3. Complete application and forward to: P. Andrew Pearson, M.D., E-316 KY Clinic, Dept. of Ophthalmology, University of Kentucky, 740 S. Limestone, Lexington, KY 40536-0284