



FELLOWSHIP APPLICATION
UNIVERSITY OF WASHINGTON
AFFILIATED HOSPITALS
SEATTLE WASHINGTON

Date: _____

Application for Ophthalmology Fellowship in _____
(subspecialty)

Beginning date of Fellowship for which you are applying: _____

NAME: _____
(last) (first) (middle)

PRESENT ADDRESS: _____ HOME ADDRESS: _____

TELEPHONE: _____ | _____ EMAIL _____
home work

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

PREMEDICAL EDUCATION

College or University	Location	Dates of Attendance	Degree & Date Awarded

MEDICAL EDUCATION

INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS

Name of Hospital	Location	Specialty	Begun & Completed

Professional Society

Memberships: _____

Honors, Scholarships, Grants, etc.: _____

Publications: _____

List states in which you are licensed to practice medicine: _____

Military service and present status: _____

REFERENCES

Please solicit at least four letters of recommendation. One of these must be from the Department Chair and another from the Program Director of your ophthalmology residency. List references below:

1. Chair: _____
2. Program Director: _____
3. _____
4. _____

SUPPLEMENTS TO APPLICATION

NARRATIVE: Write a brief personal statement indicating the following:

- a. why you are interested in this subspecialty;
- b. why you are interested in this particular fellowship; and
- c. your career goals in ophthalmology.

SATISFACTORY COMPLETION OF RESIDENCY TRAINING: Acceptance into a fellowship program in the Department of Ophthalmology is contingent upon evidence of satisfactory completion of residency training. A letter from your Program Director indicating satisfactory completion will be required before fellowship training is initiated.

SEND COMPLETED APPLICATION TO: Sue Thomas, University of Washington, Department of Ophthalmology, Box 356485, Seattle, WA 98195. Letters of recommendation should be forwarded separately to the same address.

The University of Washington provides equal opportunity in education without regard to race, color, religion, age, national origin, sex, or handicap in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Sections 799A and 855 of the Public Health Service Act.