



Wilmer-Lions Low Vision Fellowship

Advanced Specialty Training Program Fellowship Application
Lions Vision Research and Rehabilitation Center, Wilmer Eye Institute
Johns Hopkins University School of Medicine

1. NAME:

2. HOME ADDRESS:

EMAIL:

PHONE:

3. HONORS & AWARDS:

4. UNDERGRADUATE SCHOOL:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

DEGREE(S) CONFERRED:

5. MEDICAL/OPTOMETRY SCHOOL:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

DEGREE(S) CONFERRED:

6. OTHER TRAINING (PhD, MS, MPH):

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

DEGREE(S) CONFERRED:

7. INTERNSHIP:

LOCATION/SERVICE:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

Name :

LOCATION/SERVICE:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

LOCATION/SERVICE:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

8. RESIDENCY:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

SERVICE OR SUBJECT:

9. PROFESSIONAL REFERENCES:

(Three letters of recommendation from clinical mentors or experienced colleagues)

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

Name:

Address:

Phone:

Email:

10. LICENSING EXAMINATIONS:

Date Completed:

Score:

No. Times Taken

Date Completed:

Score:

No. Times Taken

Date Completed:

Score:

No. Times Taken

11. I am licensed in the State(s) of:

12. How did you learn about the program?

Name:

Please provide a one page Personal Statement discussing your educational background, personal and professional interests, and motivations for pursuing our fellowship program.

You may consider speaking to some of the following topics:

- Your future goals*
- What makes you a good candidate*
- Defining personal or professional experiences*
- Accomplishments you are most proud of*
- Experience with clinical research or motivation for research development*