



**APPLICATION FOR LOW VISION ADVANCED SPECIALTY TRAINING
FELLOWSHIP PROGRAM AT THE 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:

LOCATION/SERVICE:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

LOCATION/SERVICE:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

Name:

8. RESIDENCY:

MAILING ADDRESS:

MONTHS/YEARS ATTENDED:

SERVICE OR SUBJECT:

9. PROFESSIONAL REFERENCES:

(Three letters of recommendations 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

For Foreign Medical School Graduates:

ECFMG No.:

(Please attach a copy of the certificate)

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

12. NON-U.S. CITIZENS ONLY:

Do you have a visa?

If yes, please complete the following:

Expiration Date:

Visa Type:

Alien Registration No.:

Entrance Date into U.S.:

Do you have permission to work?

Do you have INS permission to be involved in direct patient care?

Is your degree of patient care involvement limited by your visa?

13. 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

Name:

The information below will not be attached to your application materials and is used only for statistical purposes required by the Johns Hopkins University School of Medicine.

1. DATE OF BIRTH:
2. PLACE OF BIRTH:
3. CITIZENSHIP:
4. GENDER: MALE FEMALE
5. ETHNICITY/RACE:

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”

Hispanic or Latino

Not Hispanic or Latino

2. What race do you consider yourself to be? Select one or more of the following.

American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.

(Note: Individuals from the Phillipine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in an of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Check here if you do not wish to provide some or all of the above information.

Please attach a recent Photograph (passport style)