***Orthoptic Fellowship Program***

***Application 2024***

Please mail, fax, or email completed application to:

UI Orthoptic Admissions Committee

UIHC Department of Ophthalmology

200 Hawkins Drive

Iowa City, Iowa 52242

Office: 319-356-3863

Fax: 319-384-9831

xiaoyan-shan@uiowa.edu

Applicants will be required to attend a personal interview.

All application materials are due by the end of the day Monday, February 19, 2024.

The program begins Thursday, August 1, 2024.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Educational Background

Please list in order of attendance with the school attended first listed first.

**A copy of your official college transcripts should be sent to complete this application.**

Dates Attended School Diploma or Major Field

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Employment History

Please list in order of employment with first employer listed first. If additional space is needed, attach a separate sheet.

Dates Employed Company Location (City, State) Position

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References

List below at least two individuals you have asked to send letters of recommendation on your behalf.

1) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relation to Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had any experience working in an ophthalmology clinic or other eye care facility?

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Have you ever worked closely with small children?

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Do you have or have you had any illness or physical disability that might interfere with your training as an orthoptic student? If yes, please explain.

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How did you hear about our training program?

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Are you legally eligible to work in the US during the duration of this training program?

Yes No

Do you now or in the future need sponsorship from an employer in order to obtain, extend or renew your authorization to work in the United States?

Yes No

If yes, what type of Visa will you pursue?

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In addition, please include or send the following :

* Attach a brief personal statement on why orthoptics appeals to you as a career
* College transcripts (official required – *may be mailed or emailed by registrar*)
* Two letters of recommendation

I certify that all the information I have provided on this application form and in all other admission application materials is complete, accurate and true to the best of my knowledge.

Applicant Signature Date

*The Orthoptic Training Program at the University of Iowa will consider all qualified applicants regardless of race, color, religion, gender or national origin. Current US residence is preferred. Qualified applicants with disabilities will be equally considered unless their attendance, clinical performance, or academic ability is appreciably compromised.*