

University of Iowa Health Care

Department of Ophthalmology and Visual Sciences

200 Hawkins Drive; 11136 PFP Iowa City IA 52242-1091 Pediatric Ophthalmology 319-356-2859 https://www.medicine.uiowa.edu/eye/orthoptic-training

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							
Name_							 _
	Last		First			Middle	
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Phone	()	Home		_ ()	Cell	
Email							-

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	Diplo	Diploma or Major Field		
<u>Employment History</u> Please list in order of e attach a separate shee		employer listed first. If additional	space is needed,		
Dates Employed	Company	Location (City, State)	Position		
<u>References</u> List below at least two behalf.	individuals you have a	sked to send letters of recommer	ndation on your		
1) Name					
Address					
Phone/Email					
Relation to Applicant	t				
2) Name					
Address					
Phone/Email					
Relation to Applicant	t				

Have you had any experience working in an ophtha	Imology clinic or other eye care facility?
Have you ever worked closely with small children?	
Do you have or have you had any illness or physica as an orthoptic student? If yes, please explain.	l disability that might interfere with your training
How did you hear about our training program?	
Are you legally eligible to work in the US during	g the duration of this training program?
Yes	No
Do you now or in the future need sponsorship or renew your authorization to work in the Uni	
Yes	No
If yes, what type of Visa will you pursue?	

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.