

FELLOWSHIP TRAINING APPLICATION

DEPARTMENT OF OPHTHALMOLOGY UNIVERSITY OF
OKLAHOMA, HEALTH SCIENCE CENTER
DEAN MCGEE EYE INSTITUTE
608 STANTON L. YOUNG BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73104
PHONE: (405) 271-1091
FAX: (405) 271-7873

Photograph
(Optional)

Failure to supply a photograph
will in no way jeopardize your
application

Application for fellowship beginning: _____
Month Day Year

Date of Application: _____
Month Day Year

Subspecialty Field: _____ OMP# _____

Name: _____
Last First MI

Professional Address: _____
Institution or Department

_____ Street City State Zip

Home Address: _____
Street City State Zip

Prefer Mailings to: _____ Professional Address _____ Home Address

Professional Phone: (____) _____ Fax: (____) _____ Home: (____) _____

Name of Nearest Relative: _____
Last First MI

Address: _____
Street City State Zip

Phone: (____) _____ Relationship: _____

Personal Information: (Failure to provide this information will in no way jeopardize your application)

Social Security #: _____ U.S. Citizen _____ Yes _____ No

Date of Birth: _____ Marital Status: _____ Spouse's Name: _____

EDUCATION & POSTGRADUATE TRAINING: (Please list name of school or program, location, year of completion, and degree)

College(s): _____

Medical School(s): _____

Internship: _____

Residency: _____

List honors, awards, and other academic accomplishments: _____

List publications (attach copy if possible): _____

List special professional and/or non-professional training and experience in addition to the academic information provided on page 1. Please account for all time starting with college graduation and explain any significant gap in your progress toward degrees.

Training/Experience

Dates

Benefits to You

Please summarize your professional goals and how you feel fellowship training at the Dean McGee Eye Institute will help you achieve these goals:

Application Requirements

Please return your application and curriculum vitae along with letters of recommendation from two faculty members and the director of your ophthalmology residency program.

Application and supporting documents should be mailed to:

Anil D. Patel, MD
Department of Ophthalmology
Dean McGee Eye Institute
608 Stanton L. Young Blvd.
Oklahoma City, Oklahoma 73104

It is the policy of this institute to provide equal employment opportunities without regard to race, color, religion, sex, national origin, or handicap.