VANDERBILT HEALTH

VANDERBILT EYE INSTITUTE
DEPARTMENT OF OPHTHALMOLOGY

Application for Clinical Fellowship in Orthoptics

Application Year: _____

Please type or print legibly and complete all sections.

Legal Name: _____ _____
First Middle Last Preferred First Name

CONTACT INFORMATION

Current Mailing Address:

_____
Street Apt#

_____
City State Zip

_____
Country

Permanent Mailing Address *(if different than current)*:

_____
Street Apt#

_____
City State Zip

_____
Country

Telephone: (_____) _____ H ☐ W ☐ M ☐ Alt Phone: (_____) _____ H ☐ W ☐ M ☐

Email Address: _____

PERSONAL INFORMATION

Date of Birth: _____
Month Day Year

Place of Birth: _____ Citizenship: _____

Emergency Contact (other than spouse): _____
Name Relationship

_____
Phone Number

Do you have, or have had, any illness or physical disability that might in any way interfere with your education or responsibilities as an orthoptic student? _____

If yes, please explain: _____

_____

_____

VANDERBILT HEALTH

List education and activities chronologically from high school to present:

Year Start	End	Name of School	Location	Degree

List any memberships to societies, professional organizations, or other groups:

_____

_____

List any hobbies you enjoy:

_____

_____

SUPPLEMENTAL MATERIALS

Please include the following materials with your application:

☐ Recent photograph (headshot or passport style - wallet size – 2x3)

☐ Official copy of college transcripts

☐ Brief autobiographical sketch, in applicant's handwriting, on a separate sheet of paper (300-word max)

☐ Resume or Curriculum Vitae (CV)

☐ Three letters of recommendation (include names of these references below)

Reference 1: _____

Reference 2: _____

Reference 3: _____

Please review application for completeness. Applications can be emailed to abigail.e.smedley@vumc.org or mailed to the address below. *Application DEADLINE is **JANUARY 31ST** of desired application year.*

Abby Smedley, CO
2311 Pierce Avenue
Vanderbilt Eye Institute
Nashville, TN 37232

Applications are reviewed and considered only after all materials are received. By signing below, you hereby acknowledge that all information provided is valid.

APPLICANT'S SIGNATURE: _____ DATE: _____