

## 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: \_\_\_\_\_ Skype ID/username: \_\_\_\_\_

### 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CENTER

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

Reference 1: \_\_\_\_\_  
Reference 2: \_\_\_\_\_  
Reference 3: \_\_\_\_\_

Please review application for completeness. Mail application and all supplemental materials to:

Ronald Biernacki, CO, COMT  
2311 Pierce Avenue  
Vanderbilt Eye Institute  
Nashville, TN 37232

*Application DEADLINE is **JANUARY 31<sup>ST</sup>** of desired application year.*

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: \_\_\_\_\_