

**OPHTHALMOLOGY FELLOWSHIP APPLICATION
MEDICAL UNIVERSITY OF SOUTH CAROLINA
DEPARTMENT OF OPHTHALMOLOGY**

Subspecialty you are applying for: _____

Personal Data

Name: _____

Present Address: _____ Telephone Number: _____

Fax Number: _____

E-Mail: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Military Status: _____

Name & Address of nearest relative: _____
(other than spouse) _____

Relation to you: _____

Certification

State Licensure & Year: _____

American Board of Ophthalmology: _____

For graduates of medical schools outside U.S. & Canada

E. C. F. M. G. _____ (include copy)

Certificate No. Date

Type of Visa: _____ Visa No.: _____

References: (give names, addresses and phone numbers)

Formal Education and Training

| Description | Name & Address of Institution | Dates | Degree |
|---------------|-------------------------------|-------|--------|
| Undergraduate | | | |
| Medical | | | |
| Internship | | | |
| Residency | | | |
| Fellowship | | | |
| Other | | | |

Please enclose a copy of your CV and a brief personal statement along with your application

Date: _____

Signature: _____

Send all applications to:

Sharon Maroney
Storm Eye Institute
Medical University of South Carolina
167 Ashley Avenue
Charleston, SC 29425

Recent Photograph

