

PLEASE PRINT OR TYPE LEGIBLY

Retina-Vitreous Fellowship Application
Department of Ophthalmology
University of Southern California
Keck School of Medicine
Doheny Retina Institute

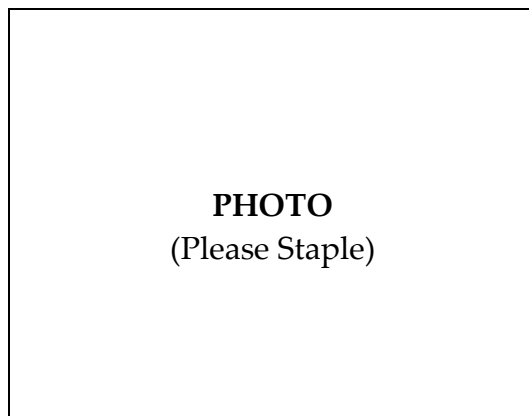
Please return one copy of application to:

Pat Anguiano, Fellowship Coordinator
Department of Ophthalmology
University of Southern California
Doheny Eye Institute
1450 San Pablo Street, DEI 3618
Los Angeles, CA 90033

Telephone Inquiries: (323) 442-6467

Email: panguian@usc.edu

Additional requirements:



- CV
- Copy of undergraduate transcript(s)
- Copy of medical school transcript
- Three (3) letters of recommendation, one from the department Chairman or program director
- Copy of USMLE scores, all parts taken
- 1-2 pages on your background, interests and future plans
- Certificate of Residency
- Certificate of Transitional year/Internship
- OKAPS

DEADLINE: August 15, 2007

SF Match # _____

Name: _____ DOB: _____ SS# _____

Present Address: _____

Home Phone: _____ Work/Cell Phone: _____

Fax: _____ Pager: _____ E:mail: _____

Permanent Address: _____

(if different from above) _____

Military Status: _____ Country of Citizenship: _____

Country of Birth: _____

When are you able to begin the program, if accepted: _____

Other Information:

Visual Acuity: OS: _____ OD: _____ Stereo Acuity: _____

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PRE-MEDICAL EDUCATION				
Name of Institution	City and State	From Mo/Yr	To Mo?/Yr	Degree
High School				
College				
MEDICAL EDUCATION				
Medical School				
INTERNSHIP OR RESIDENCY TRAINING				
Internship				
Residency				

USMLE Scores:

Part I: _____ Part II: _____ Part III: _____
Did you take more than 3 times to pass any part? _____ If yes, which part? _____
Number of times? _____

Do you have a California medical license? _____ If so, number: _____

Honors: (Medical school and postgraduate): _____

What hospital, graduate school or medical research experience have you had? (Additional information may be attached)

Foreign Graduates or Non-Citizens, please complete the following:

Have you passed the ECFMG exam? _____ If so, please send copy of certificate

Have you passed the VQE exam? _____ If so, please send copy of letter

VISA Status: _____ Please send copy of visa

If applicable, please send copy of Fifth Pathway letter.

List those writing letters of recommendation (name, address, position):

1. _____

2. _____

3. _____

Signature _____ Date: _____