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Los Angeles, CA 90033

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photograph here

(optional)

### APPLICATION FOR 2009-2010 CORNEA AND EXTERNAL DISEASE FELLOWSHIP

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone # (home): \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone # (work): \_\_\_\_\_ Fax \_\_\_\_\_

College, degree, school, year: \_\_\_\_\_

Medical School and graduating year: \_\_\_\_\_

Licensed to practice in: \_\_\_\_\_

Specialty Board Certification Date: \_\_\_\_\_

Examinations: please fill in all that apply to you

USMLE Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_ Step 3 \_\_\_\_\_ (indicate dates)

FLEX Component 1 \_\_\_\_\_ FLEX Component 2 \_\_\_\_\_ (indicate dates)

NBME Part 1 \_\_\_\_\_ Part 2 \_\_\_\_\_ Part 3 \_\_\_\_\_ (indicate dates)

ECFMG Certification Date: \_\_\_\_\_ Certificate #: \_\_\_\_\_

FMGEMS Day 1 \_\_\_\_\_ Day 2 \_\_\_\_\_ (indicate dates)

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ OFM#: \_\_\_\_\_

Please mail the completed application and the following material to the above address:

1. A recent photograph (optional).
2. A transcript of your scholastic record and class standing from the Dean of your medical school..
3. Three letters of recommendation from physicians familiar with your work, including one from your Chairman or Chief of Service.
4. Updated curriculum vitae and personal statement or brief statement of your career goals.

If you have any questions, please contact Rose Almazan at (323) 442-6448 or email at [almazan@usc.edu](mailto:almazan@usc.edu). Any applicant accepted into this fellowship program must be licensed to practice medicine in the State of California.

**DEADLINE FOR APPLICATIONS: October 1, 2008.**

**\*FOR MATCH REGISTRATION INFORMATION CONTACT DOUGLAS PERRY, P.O. BOX 7584, SAN FRANCISCO, CA 94120-7584 (415) 447-0350, FAX (415) 561-8535 [www.sfmatch.org](http://www.sfmatch.org), email: [help@sfmatch.org](mailto:help@sfmatch.org)**

