

APPLICATION FOR ORTHOPTIC FELLOWSHIP PROGRAM

Application Deadline: February 28

Personal Information

Name: _____
Last First Middle

Current Address: _____
City State ZIP Code

Home phone number: _____ Work phone number: _____

Are you a citizen of the United States? Yes No If no, please name: _____

How did you hear about Orthoptics? _____

Education

Please list all education from high school to present.

Name of Institution: _____ City/State: _____

Start Date: _____ End Date: _____ Degree: _____

Name of Institution: _____ City/State: _____

Start Date: _____ End Date: _____ Degree: _____

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Start Date: _____ End Date: _____ Degree: _____

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Recommendations

List below the names, phone numbers, and your relationship of 3 references. Please have each individual write and mail (or email) letter of recommendation directly to:

Salvatore Bellante, CO, Orthoptic Program Director
Children's Hospital of Philadelphia • Division of Pediatric Ophthalmology
3401 Civic Center Blvd. • 9th Floor-Rm. 9NW27 • Philadelphia, PA 19104
215-590-2791 • **Ophfellowships@chop.edu**

Name: _____ Phone number: _____

Relationship to Reference: _____

Name: _____ Phone number: _____

Relationship to Reference: _____

Name: _____ Phone number: _____

Relationship to Reference: _____

Enclosures

1. Please provide complete curriculum vitae, including academic background, honors, memberships/ professional organization, clubs, societies and work experience.
2. Please provide a personal statement (300 words or fewer) as to why you would like to become an orthoptist.
3. Please send official academic transcripts directly to program director.

Please answer all questions. Application is not complete until all supportive documents have been received. Please mail the application and enclosures to:

Salvatore Bellante, CO, Orthoptic Program Director
Children's Hospital of Philadelphia • Division of Pediatric Ophthalmology
3401 Civic Center Blvd. • 9th Floor-Rm. 9NW27 • Philadelphia, PA 19104

Official academic transcripts and letters of recommendations should be sent separately and directly to the address above.

Applicant Signature: _____ Date: _____