UNIVERSITY OF LOUISVILLE

Oculofacial Plastic Surgery Division
Department of Ophthalmology and Visual Sciences

Oculofacial Plastic Surgery Research Fellowship Application

This application form must be completed in English.

Full name: ______________________ Date: __________

Last *First* *M.I.*

Current Address: ______________________ Phone: __________

Street address *Apt/Unit #*

______________________ Email: __________

City *State* *Zip Code*

US Address: ______________________ Phone: __________

Street address *Apt/Unit #*

______________________ Email: __________

City *State* *Zip Code*

Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the U.S.? Yes ☐ No ☐

Do you have a Green Card? Yes ☐ No ☐

Visa Yes ☐ No ☐ Type/Dates:

Duration of fellowship desired: ______________________

Date Available: ______________________

Education

Undergraduate: ______________ Address: ______________

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______

Medical: ______________ Address: ______________

University of Louisville • Louisville, KY 40292 **P**: 502-588-0550 **F**: 502-588-0553 **C**: 720-725-3089
www.louisvilleeyedocs.com

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______

Internship ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______
Residency: ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______
Fellowship: ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______
Certificate: ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______
Certificate: ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______
Certificate: ______ Address: ______

From: ______ To: ______ Did you graduate? Yes ☐ No ☐ Degree: ______

Number of Peer reviewed Publications including submitted articles.

Total: ______ Corresponding Author: ______

First Author: ______ Coauthor: ______

Ophthalmology Field: ______ Oculofacial plastic surgery field: ______

Number of Presentations (oral, poster, video) including submitted abstracts.

Total Number: ______ Ophthalmology Field: ______ Oculofacial plastic surgery field: ______

Medical License

State/Country: ____________________ License Number: ____________________

Personal Statement (300 words)

What personal and professional outcomes do you anticipate from a research fellow at the University of Louisville Oculofacial plastic surgery?

Click or tap here to enter text.

Electronic Signature: ____________________ Date: ____________________