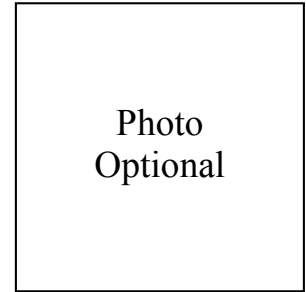


Department of Ophthalmology  
The New York - Presbyterian Hospital  
Weill Cornell Medical College  
Cornell University



**Application for 2009  
Fellowship Training in Retina**

Name: \_\_\_\_\_  
Last Name
First Name
Middle Name

Present Address: \_\_\_\_\_  
No. and Street
City
State
Zip Code

Contact phone number (s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Pager number: \_\_\_\_\_

Citizen of U.S.A. \_\_\_\_\_

If not a citizen of U.S.A. have you: an immigrant visa \_\_\_\_\_ A non-immigrant visa \_\_\_\_\_

**LICENSE**

	License Number	Date of Issue	Date of Last Registration
New York State			
Other States:			

Have you a temporary certificate in lieu of a New York State license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EDUCATION** (List consecutively, beginning with college. Include previous and current residency and fellowships.)

**Undergraduate:**

School \_\_\_\_\_

Major Field of Study, Degree and Year of Graduation \_\_\_\_\_

**Other Advanced Studies**

School \_\_\_\_\_

**Medical Education**

School \_\_\_\_\_

Degree and Year of Graduation \_\_\_\_\_

**Graduate Training**

	<u>PROGRAM</u>	<u>DATES</u>	<u>CHAIRMAN</u>
PGY 1			
PGY2			
PGY3			
PGY4			
FELLOWSHIPS			

**CERTIFICATION**

<u>SPECIALTY</u>	<u>NUMBER</u>	<u>YEAR</u>

**HONORS, AWARDS, HONORARY SOCIETIES**


**RESEARCH AND PUBLICATIONS** Please attach copies of the first pages of all published work.


## EXTRACURRICULAR ACTIVITIES/HOBBIES


## REFERENCES

The applicant is requested to arrange for a letter of recommendation to be sent directly by each of three physicians, who have definite knowledge of his or her professional and personal qualifications. Please list the physicians from whom you have requested a letter of recommendation (one of whom should be the Residency Program Director)

Name	Address

The information provided on this application is accurate. I understand that misrepresentation of information will be grounds for dismissal.

Date

Signature

- 
- (1) Completed Application
  - (2) A personal statement defining your goals and aspirations and your special qualities and qualifications.
  - (3) Your curriculum vitae
  - (4) The first page of all publications

Please send the above to:

R.V. Paul, MD  
Director, Retina Fellowship Training  
Department of Ophthalmology  
Weill Cornell Medical College  
1305 York Avenue, 11<sup>th</sup> Floor  
New York, NY 10021