Children's Wisconsin – Milwaukee Campus
Department of Ophthalmology

8915 W Connell Court #360
Milwaukee, WI 53226
Phone: (414) 266-2020

Please print or type legibly. Complete all sections.
Attach a separate sheet if more space is needed.

Date _____

Personal Information

Name

_____

Last First Middle

Mailing Address

_____

_____

Email Address _____

Phone Number ( ) _____

Date of Birth _____Country of Citizenship_____

Have you ever been convicted of a misdemeanor or felony? Y/N

If yes, do you have any charges pending?

_____

Emergency Contact _____

Relationship _____

Phone Number of Emergency Contact (___)_____

Address of Emergency Contact

_____

_____

_____

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Education

List education from high school – present.

Applicants must have a bachelor's degree to apply.

College / University / Institution Name	Dates	Degree Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History

List employment history from first – most recent

Company	Dates Employed	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Three letters of recommendation are required. Please list references below.

Name _____
Relationship to Applicant _____
Address_____
Phone/Email_____

Name _____
Relationship to Applicant _____
Address_____
Phone/Email_____

Name _____
Relationship to Applicant _____
Address_____

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Phone/Email_____

Do you have or have had any illness or physical disability that might interfere with your training as an orthoptic student? If yes, please explain.

_____

_____

How did you hear about Orthoptics as a career?

_____

_____

Do you have experience working in an ophthalmology clinic or other eye care facility?

_____

_____

Have you ever worked closely with small children?

_____

_____

What hobbies do you enjoy?

_____

_____

Enclosed with this application:

- Official copy of college transcripts (sent directly to address below if permitted by university)
- Three letters of recommendation (sent directly to address below)
- Up-to-date curriculum vitae
- Personal statement of why orthoptics appeals to you, and describe any relevant work, volunteer or life experience. Handwritten, on a separate sheet of paper.

Signature _____Date:_____

Deadline for Submission January 31
Mail/Email complete application to:
Veronica Picard Schaefer, CO®
8915 W. Connell Court Suite 360
Pediatric Ophthalmology Department
Milwaukee, WI 53226
Any questions regarding the application or program may be answered by emailing
vpicard@childrenswi.org