Michigan State University- Department of Neurology and Ophthalmology
APPLICATION FOR FELLOWSHIP IN NEURO-OPHTHALMOLOGY

NAME: Degree:

DESIRED START DATE: DESIRED FINISH DATE:

SOCIAL SECURITY #:

Citizenship/Visa

Type/Status:

Home Address: Home Address:

City: State: Zip Code: Country:

Work Phone: Home Phone:

Fax Number: E-Mail:

CURRENT AFFILITATION:

Supervisor: Dates: To:

Address:

Address:

City: State: Zip Code: Country

MEDICAL SCHOOL:

Supervisor: Dates: To:

Address:

Address:

City: State: Zip Code: Country

INTERNSHIP:

Supervisor: Dates: To:

Address:

Address:

City: State: Zip Code: Country

RESIDENCY #1:

Supervisor: Dates: To:

Address:

Address:

City: State: Zip Code: Country

RESIDENCY #2:

Supervisor: Dates: To:

Address:

Address:

City: State: Zip Code: Country

1. How did you become interested in Neuro-Ophthalmology?

2. What are your future plans? (Please comment on immediate and long term goals and if you have a Neuro-Ophthalmology position after fellowship completion).

3. Please describe your research and writing experience in detail below:

4. Describe your most interesting Neuro-Ophthalmology patient experience:

PLEASE PROVIDE THE FOLLOWING ITEMS:

- ☐ THREE LETTERS OF RECOMMENDATION
- ☐ CURRICULUM VITAE
- ☐ MEDICAL SCHOOL DIPLOMA (and transcript if available)
- ☐ EVIDENCE OF COMPLETION OF A RESIDENCY PROGRAM (must be received prior to commencing the fellowship)
- ☐ ECFMG CERTIFICATE (if applicable)
- ☐ TOFEL CERTIFICATE (if applicable)

PLEASE NOTE THAT SPARROW HAS ESTABLISHED THAT ALL NEW HIRES MUST BE NICOTINE FREE. YOU WILL BE REQUIRED TO SIGN A WAIVER STATING THAT YOU ARE NICOTINE-FREE PRIOR TO BEING SCHEDULED FOR AN INTERVIEW. YOU WILL NOT BE HIRED IF ANY NICOTINE OR NICOTINE METABOLITES ARE IN YOUR SYSTEM REGARDLESS OF THE SOURCE. ELECTRONIC CIGARETTES, NICOTINE GUM, NICOTINE PATCHES, ETC., WILL

PLEASE DO NOT HESITATE TO COMMUNICATE WITH THE DEPARTMENT BY CALLING (517) 432-9277 OR FAX (517) 432-9414

Please forward this application and all documentation to:

Academic Office
Michigan State University
Department of Neurology and Ophthalmology
804 Service Road, A217 Clinical Center
East Lansing, MI 48824
com.msuneurology@campusad.msu.edu

Internal Use Only

Date Received:

Reviewed By:

Requested Action: