



UNIVERSITY OF IOWA
HEALTH CARE

*Department of Ophthalmology
and Visual Sciences*

University of Iowa Hospitals & Clinics
200 Hawkins Drive • Iowa City, Iowa 52242-1009

Neuro-Ophthalmology Fellowship Application

1. Position Applied For: Fellowship Specialty: Neuro-Ophthalmology

2. Training applied for to begin on _____
(Date)

3. Name _____
(Last) (First) (Middle) (SF Match Number)

4. Present Address: _____

5. Permanent Address: _____

6. Phone numbers: _____ E-mail _____
(Hospital or Office) (Cell) (Home)

7. Country of Citizenship: _____

8. If you are not a citizen of the United States, indicate type of visa.
a. *Permanent Visa b. J Visa (Exchange Visitor) c. H-1b
*If permanent visa, please attach a copy of your green card (fax or mail if submitting online)

9. **Iowa Medical License Number _____
**Required of physicians engaged in patient care

Education

Institution Undergraduate or Graduate	Dates Attended		Degree and Field	Date Received
	From	To		

Are you certified by the Educational Commission for Foreign Medical Graduates? Yes No N/A

**ECFMG Certificate Number _____ Valid through _____

**Please attach a copy of current certificate from ECFMG (fax or mail if submitting online)

Internship / Residency / Fellowship	Specialty	Date Completed

Last Name _____

Match Number: _____

Previous Research Experience

Location: _____ from _____ to: _____

Location: _____ from _____ to: _____

Publications (Please submit copies if available. If space below is inadequate, continue on separate blank page)

Scholarships, Prizes or Awards – Memberships in honorary and / or professional societies _____

Military Experience

Active Duty: In _____ Dates _____

(Branch)

Highest rank attained _____ Reserve Commission _____

Applicants are requested to have:

- THREE LETTERS OF RECOMMENDATION sent promptly and directly to the Neuro-Ophthalmology Fellowship Coordinator. These letters should come from those persons best qualified to vouch for the character and professional qualifications of the applicant.
- A CURRENT CV
- A PERSONAL STATEMENT discussing why you desire Neuro-ophthalmology fellowship training and your career goals

If an appointment is offered which I accept, I hereby agree and pledge myself as follows: 1. to serve during the entire term to which I may be appointed, and 2. to comply faithfully with the rules and regulations of The University of Iowa Hospitals & Clinics now in effect and those which may be adopted during my term of appointment.

Signed _____ Date _____

Distribution: Two copies to desired clinical service at The University of Iowa Hospitals & Clinics; One copy for applicant’s retention.

(Mail a signed hard copy if submitting online. Final consideration of applicants cannot be made until all signed documents are received via mail.)

The University of Iowa Hospitals & Clinics requests this information for the purpose of processing your application for a position on our house staff. No persons outside the University are routinely provided this information without your consent. Responses to all items are required. If you fail to provide the required information, The University of Iowa Hospitals & Clinics may be unable to process your application.

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319)335-0705 (voice) or (319)335-0697 (text), The University of Iowa, 202 Jessup Hall, Iowa City, Iowa 52242-1316.

Pursuant to the Campus Security Act, (Pub. L. 101-542), colleges and universities are required to provide information about crimes and statistics. Prospective students and employees may review The University of Iowa Campus Security Policy and annual crime statistics by contacting the University’s Department of Public Safety at (319)335-5022 (voice) or (319)335-5029 (TDD).

People with disabilities are welcome at The University of Iowa where reasonable accommodations will be made upon request.

Application Form and accompanying materials should be returned to:

Ramona Weber
Neuro-Ophthalmology Fellowship Coordinator
Department of Ophthalmology and Visual Sciences
University of Iowa Hospitals & Clinics
200 Hawkins Drive, Iowa City, Iowa 52242-1091

For General Information ONLY, contact

Dr. Scott A. Larson, Fellowship Training Program Director
Department of Ophthalmology and Visual Sciences
University of Iowa Hospitals & Clinics
200 Hawkins Drive, Iowa City, Iowa 52242-1091
319-356-2859