

Application for Appointment to
**University of Arizona College of Medicine
Phoenix
Ophthalmology Residency**

Please attach a recent photo

LAST NAME FIRST NAME MIDDLE NAME

PRESENT ADDRESS CITY & STATE ZIP PHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY & STATE ZIP PHONE

DATE OF BIRTH CITIZENSHIP Visa Status (We accept J1 visas only) ECFMG# (if applicable)

UNDERGRADUATE EDUCATION YEAR GRADUATED & DEGREE

ADVANCED DEGREES YEAR GRADUATED & DEGREE

MEDICAL SCHOOL MONTH & YEAR OF MATRICULATION

ADDRESS OF SCHOOL MONTH & YEAR GRADUATED

INTERNSHIP MONTH & YEAR COMPLETED

ZERO 1 2 3

HOW MANY MONTHS OF OPHTHALMOLOGY IN YOUR INTERNSHIP

RESIDENCY OR OTHER HOSPITAL EXPERIENCE MONTH & YEAR COMPLETED

LAST NAME

FIRST NAME

PLEASE SHARE ANY PRESENT MEMBERSHIP IN ORGANIZATIONS (SCIENTIFIC, PROFESSIONAL, OTHERS), PUBLICATIONS, RELEVANT WORK EXPERIENCE

Please submit a copy of your personal statement and curriculum vitae with this application.

In addition, please request letters of reference from at least three individuals who have first-hand knowledge concerning your professional and personal qualifications; list their names and addresses in the spaces provided. Letters should be sent as described below.

NAME

ADDRESS OR EMAIL

CITY & STATE

ZIP

NAME

ADDRESS OR EMAIL

CITY & STATE

ZIP

NAME

ADDRESS OR EMAIL

CITY & STATE

ZIP

I attest to the truth of the information provided by signing this application.

SIGNATURE OF APPLICANT

DATE

Send application as follows:

Email to : PhoenixEyeResidency@gmail.com

Subject line: PGY 1 or 2 ORP Applicant & Last Name (example-"PGY 1 ORP Applicant- Faustina")

Complete application packet contents:

Application with photo

Curriculum vitae

Personal Statement

Three Letters of Recommendation

Copy of Dean's Letter (Medical Student Performance Evaluation MSPE)

Medical School Transcript

USMLE Transcript

