



ASOPRS-Approved International Oculoplastics Fellowship

Shiley Eye Institute

Vitberi Family Department of Ophthalmology

University of California, San Diego

Fellowship Preceptor: Bobby Korn, MD PhD

FELLOWSHIP APPLICATION FORM**

****PERSONAL INFORMATION****

Name: _____

Address: _____

City, State, Country: _____

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Citizenship (Country): _____

If Naturalized US Citizen, include (Date, Place, Number): _____

Medical Licenses (Country & License Number):

1. _____

2. _____

3. _____

Attach Recent Photograph here:

EDUCATION AND EXPERIENCE

Current Position: _____

Other (Specify): _____

EDUCATION (Include institution and date):

Medical School:

Internship:

Residency:

Fellowship:

USMLE Scores: Step 1: _____ Step 2: _____ Step 3: _____

CONFIDENTIALITY OF RECOMMENDATIONS

While non-confidential letters of recommendation will be accepted and carefully considered, confidential letters may provide a more candid, and therefore more useful, assessment of the applicant's qualifications and abilities. Applicants are therefore invited, but not required, to sign the following waiver.

I understand that letters of recommendation concerning me are to be written and maintained in confidence, and I expressly waive any rights that I might have to access such

letters under the Family Educational Rights and Privacy Act of 1974, or under any other law, regulations, or policy.

I agree to this waiver:

Signature: _____ Date: _____

I do not agree to this waiver:

Signature: _____ Date: _____

A COMPLETE APPLICATION CONSISTS OF:

1. This completed form.
2. Your curriculum vitae.
3. A personal statement.
4. A medical school transcript.
5. A fellowship certificate (if applicable).
6. Three letters of recommendation.

Please send letters of recommendation to:

Bobby Korn, MD, PhD

Email: **bkorn@health.ucsd.edu**

Signature of Applicant: _____ Date: _____