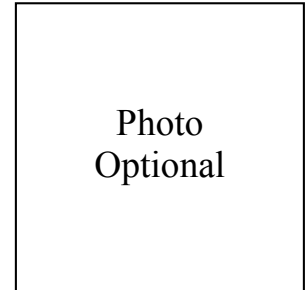


Department of Ophthalmology
The New York - Presbyterian Hospital
Weill Cornell Medical College
Cornell University



**Application for 2009
Fellowship Training in Cornea**

Name: _____
Last Name
First Name
Middle Name

Present Address: _____
No. and Street
City
State
Zip Code

Contact phone number (s): _____

Email Address: _____ Pager number: _____

Citizen of U.S.A. _____

If not a citizen of U.S.A. have you: an immigrant visa _____ A non-immigrant visa _____

LICENSE

	License Number	Date of Issue	Date of Last Registration
New York State			
Other States:			

Have you a temporary certificate in lieu of a New York State license? _____ Expiration Date: _____

EDUCATION (List consecutively, beginning with college. Include previous and current residency and fellowships.)

Undergraduate:

School _____

Major Field of Study, Degree and Year of Graduation _____

Other Advanced Studies

School _____

Medical Education

School _____

Degree and Year of Graduation _____

Graduate Training

	<u>PROGRAM</u>	<u>DATES</u>	<u>CHAIRMAN</u>
PGY 1			
PGY2			
PGY3			
PGY4			
Fellowship			

CERTIFICATION

<u>SPECIALTY</u>	<u>NUMBER</u>	<u>YEAR</u>

HONORS, AWARDS, HONORARY SOCIETIES

RESEARCH AND PUBLICATIONS Please attach copies of the first pages of all published work.

EXTRACURRICULAR ACTIVITIES/HOBBIES

REFERENCES

The applicant is requested to arrange for a letter of recommendation to be sent directly by each of three physicians, who have definite knowledge of his or her professional and personal qualifications. Please list the physicians from whom you have requested a letter of recommendation (one of whom the Residency Program Director)

Name	Address

The information provided on this application is accurate. I understand that misrepresentation of information will be grounds for dismissal.

Date

Signature

-
- (1) Completed Application
 - (2) A personal statement defining your goals and aspirations and your special qualities and qualifications.
 - (3) Your curriculum vitae
 - (4) The first page of all publications

Please send the above to:

Christopher E. Starr, MD
Director, Cornea Fellowship Training
Department of Ophthalmology
Weill Cornell Medical College
1305 York Avenue, 11th Floor
New York, NY 10021