

# Boston Orthoptic Fellowship Program

## Application for Admission

Please mail or email completed application to the Program Director

Sarah MacKinnon, MSc, OC(C), CO, COMT  
Boston Children's Hospital  
Department of Ophthalmology, Fegan 4  
300 Longwood Ave  
Boston, MA 02115  
[sarah.mackinnon@childrens.harvard.edu](mailto:sarah.mackinnon@childrens.harvard.edu)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Name on school transcript if different from above \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
Cell Work

Email: \_\_\_\_\_

*The Boston Orthoptic Fellowship Program at Boston Children's Hospital and Tufts Medical Center will consider all qualified applicants regardless of race, color, religion, gender, or national origin.*

**Along with this application, it is your responsibility to make sure we have all of the following in advance of the application deadline:**

1. Curriculum vitae: A detailed curriculum vitae is required and must include academic background, honors, and volunteer/work experience.
2. Letter of interest: This narrative should include a short biographical and career goals statement and the reasons you have chosen a career in orthoptics.
3. Reference letters: We must receive 3 confidential letters of reference. One letter must be an academic reference, and the other must be from a current employer or volunteer work supervisor. Letters must be emailed or mailed directly to the program director.
4. Official college transcript(s) from each institution attended mailed directly to the Program Director..

**References**

Please list the names and addresses of three individuals whom you have asked to provide a reference. Each reference must submit their letter of reference to the program director in advance of the application deadline.

Name	Address	City/State/Zip	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all the information I have provided in this application form and in all other admission application materials are complete, accurate, and true to the best of my knowledge.

I understand it is my responsibility to request all transcripts from each academic institution I have attended, as well as three letters of reference, and to have them submitted directly to the Program Director.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Your application is not complete until all supportive documents have been received. Admission decisions are made on complete applications only. Application deadline is February 1<sup>st</sup>. Please note: An interview will also be required which will be virtual or in person.