

# Columbus Orthoptic Fellowship Application

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

Current address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Permanent address (if different than above) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Email address \_\_\_\_\_

Telephone \_\_\_\_\_  
Daytime Evening

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please name

# Columbus Orthoptic Fellowship Application

How did you hear about orthoptics?

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Why does the field of orthoptics appeal to you? (Attach additional sheet if more space is needed)

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What other professions have you considered?

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## Education

Please list all education from high school to present

Name of Institution	City/State	Start Date	End Date	Degree
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# Columbus Orthoptic Fellowship Application

## Recommendations

List below the names, phone numbers, and your relationship of three references. Please have each individual write and mail letter of recommendation *directly* to the orthoptic program co-director at the address below:

**Pediatric Ophthalmology Associates, Inc.**  
**Attention: Kelsey Black, CO**  
**555 S. 18<sup>th</sup> St., Ste 4 C**  
**Columbus, OH 43205**

Name	Phone number	Relationship to Reference
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Enclosures

- Please provide complete curriculum vitae including academic background, honors, memberships/professional organization, clubs, societies, and work experience.
- Please provide a handwritten personal statement (300 words or less) as to why you would like to become an orthoptist.
- Please send official academic transcripts *directly* to program co-director.

Please answer all questions. The application is not complete until all supportive documents have been received. Please mail the application and enclosures to:

**Pediatric Ophthalmology Associates, Inc.**  
**Attention: Kelsey Black, CO**  
**555 S. 18<sup>th</sup> St., Ste 4 C**  
**Columbus, OH 43205**

Official academic transcripts and letters of recommendations should be sent *separately and directly* to the address above.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_