



Consultants in Ophthalmic & Facial Plastic Surgery

OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY FELLOWSHIP APPLICATION

NRMP Candidate No. _____ Fellowship to begin July, 20____ (year)

Applicant Name: _____

Current Address: _____

City / State / Zip: _____

Permanent Address (if different): _____

City / State / Zip: _____

Telephone (Work): (____) _____ (Cell) (____) _____

Email: _____

Social Security Number: _____

Please describe any accommodation needed to participate in the application process:

If hired, can you furnish proof that you are eligible to work in the United States? Yes No
(You will be required to provide proof of your identity and authorization to work prior to your start date.)

Undergraduate Education

| College or University | | Dates Attended | | Degree |
|-----------------------|--|----------------|----|------------------|
| 1. Name | | From | To | Degree: |
| Location | | | | Graduation Date: |
| Honors | | | | |
| 2. Name | | From | To | Degree: |
| Location | | | | Graduation Date: |
| Honors | | | | |

Graduate Education (non-medical)

| College or University | | Dates Attended | | Degree | Area of Study |
|-----------------------|--|----------------|----|------------------|---------------|
| 1. Name | | From | To | Degree: | |
| Location | | | | Graduation Date: | |
| Honors | | | | | |
| 2. Name | | From | To | Degree: | |
| Location | | | | Graduation Date: | |
| Honors | | | | | |

Medical School Education

College or University

Dates Attended

Degree

| | | | |
|-----------------|-------------|-----------|-------------------------|
| 1. Name | From | To | Degree: |
| Location | | | Graduation Date: |
| Honors | | | |
| 2. Name | From | To | Degree: |
| Location | | | Graduation Date: |
| Honors | | | |

PG Years

Hospital - Location

Dates Enrolled

Specialty - Director

| | | | |
|-----------|-------------|-----------|--|
| 1. | From | To | |
| 2. | From | To | |
| 3. | From | To | |
| 4. | From | To | |
| 5. | From | To | |

| USMLE | ECFMG | Flex Exam | D.O. Exam |
|---|--------------|---|------------------|
| # | # | # | # |
| Part #1 _____ Date _____ Score _____ | Date _____ | Part #1 _____ Date _____ Score _____ | Date _____ |
| Part #2 _____ Date _____ Score _____ | Score _____ | Part #2 _____ Date _____ Score _____ | Score _____ |
| Part #3 _____ Date _____ Score _____ | | | |

OKAP Scores (Optional):

1st year _____

2nd year _____ NA

3rd year _____ NA

Board Certification

Name Year

Name Year

Licensure (Enclose Copies)

State

State

State

Number

Number

Number

Any suspensions, restrictions, disciplinary actions? (Please describe)

Military or Government Service

Have you ever had any job-related training in the U.S. Armed Services? If yes, please describe:

Special Interests or Abilities

Please describe any personal talents, hobbies, or abilities (at your own option, you may limit your response to those interests that you believe may enhance your performance as a Fellow):

Foreign Languages

Do you have any foreign language skills that might help you perform the fellowship for which you applied? Yes No
If yes, please describe:

Required Documentation

The following documents must be submitted. Instructions are provided below.

| | Application Documentation |
|--------------------------|---|
| <input type="checkbox"/> | Completed application form |
| <input type="checkbox"/> | Three letters of recommendation |
| <input type="checkbox"/> | Personal Statement |
| <input type="checkbox"/> | Medical School Transcript and Dean's Letter |
| <input type="checkbox"/> | Copy of Medical License(s) |
| <input type="checkbox"/> | Certification exam results |
| <input type="checkbox"/> | Curriculum Vitae |

References:

Please list names and contact information for three references. Three letters of recommendation are required (one must be from a program director). You must include these letters in your application packet.

1.

| | | | |
|-------|-------|-------|---------------|
| _____ | _____ | _____ | _____ - _____ |
| name | title | email | phone# |

2.

| | | | |
|-------|-------|-------|---------------|
| _____ | _____ | _____ | _____ - _____ |
| name | title | email | phone# |

3.

| | | | |
|-------|-------|-------|---------------|
| _____ | _____ | _____ | _____ - _____ |
| name | title | email | phone# |

Personal Statement

Address why you desire additional ophthalmic plastic and reconstructive surgery training and explain any interruptions in your education or training. Your statement should be attached as a separate sheet. Do **not** exceed one single-spaced page.

Medical School Transcript and Medical License

Attach your medical school transcript, Dean's Letter and copies of medical license(s).

Certification Exam Results

Please submit copies of all certification exam results (e.g., USMLE Steps 1-3, ECFMG, FLEX, D.O., Board Certification, etc.).

Curriculum Vitae

Attach your Curriculum Vitae (including publications, presentations, research/grant experience, honors/awards, teaching experience, etc. You must use WSU School of Medicine CV template format...[hyperlink available on website](#)).

Affirmation Statement

Invitation for interview is dependent upon a completed application, including specified documentation and reference letters. In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts. I authorize you to investigate and verify all of the information that I have provided in this application. I understand that false information is grounds for immediate dismissal. I agree to notify you promptly of any changes in my status.

Signature _____ Date _____

Mail completed application and all required documentation to:

C.O.F.P.S.
Attn: Margaret Roth
29201 Telegraph Rd, Ste 324
Southfield, Michigan 48034