

Michigan State University- Department of Neurology and Ophthalmology
APPLICATION FOR FELLOWSHIP IN NEURO-OPHTHALMOLOGY

NAME: Degree:
Citizenship: Visa Type/Status:
Home Address: Home Address:
City: State: Zip Code: Country:
Cell Phone: Home Phone:
Fax Number: E-Mail:

CURRENT POSITION:

Supervisor: Dates: To:
Institution:
Address:
City: State: Zip Code: Country

MEDICAL SCHOOL:

Supervisor: Dates: To:
Address:
Address:
City: State: Zip Code: Country

INTERNSHIP:

Supervisor: Dates: To:
Address:
Address:
City: State: Zip Code: Country

RESIDENCY:

Supervisor: _____ Dates: _____ To: _____
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country _____

FELLOWSHIP:

Supervisor: _____ Dates: _____ To: _____
Address: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country _____

OTHER POSTIONS HELD	YEARS	PRINCIPAL RESPONSIBILITY
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- 1.
- 2.
- 3.

BOARD SCORES:

USMLE: _____ COMLEX: _____

ACADEMIC REFERENCES	PHONE/EMAIL	INSTITUTION
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- 1.
- 2.
- 3.

1. How did you become interested in Neuro-Ophthalmology?

2. What are your future plans? (Please comment on immediate and long term goals and if you have a Neuro-Ophthalmology position after fellowship completion).

3. Please describe your research and writing experience in detail below:

4. Describe your most interesting Neuro-Ophthalmology patient experience:

PLEASE PROVIDE THE FOLLOWING ITEMS:

THREE LETTERS OF RECOMMENDATION

CURRICULUM VITAE

MEDICAL SCHOOL DIPLOMA (and transcript if available)

EVIDENCE OF COMPLETION OF A RESIDENCY PROGRAM (must be received prior to commencing the fellowship)

BOARD SCORES

ECFMG CERTIFICATE (if applicable)

TOFEL CERTIFICATE (if applicable)

Please forward this application and all documentation to:

Krista Leiter
Michigan State University
Department of Neurology and Ophthalmology
krista.leiter@ht.msu.edu

PLEASE DO NOT HESITATE TO COMMUNICATE WITH THE DEPARTMENT BY CALLING (517) 432-9277 OR FAX (517) 432-9414

Lina Nagia, D.O.
Assistant Professor
Program Director Neuro-Ophthalmology Fellowship
Michigan State University
Department of Neurology and Ophthalmology
804 Service Road, A217 Clinical Center
East Lansing, MI 48824

Internal Use Only

Date Received:

Reviewed By:

Requested Action: