

7. **Education:** Include name and location of college(s), postgraduate and medical school(s) attended; provide dates of attendance, degree(s) conferred, and declared major(s).

8. **Postgraduate Training:** Ending with your present position, list your postgraduate medical/scientific training and experience, research experience, and teaching experience; supply the dates of each.

9. **Academic Awards or Honors:** _____

10. On a separate page, please write a brief paragraph concerning what you hope to gain from your fellowship, as well as your plans for the future.

11. Please attach a copy of your **curriculum vitae**, including a list of papers published, "in press," or "in preparation" with you as author or coauthor.

12. Please attach a current snapshot of yourself to this application.

13. Please supply at least three(3) letters of recommendation, which should be sent directly to:

Henry J. Kaplan, M.D.
Professor and Chairman
Department of Ophthalmology and Visual Sciences
University of Louisville
301 E. Muhammad Ali Blvd.
Louisville, KY 40202 USA

14. **Graduates of Medical Programs Outside the USA:** Please supply documentation of having successfully passed the ECFMG and FLEX examinations.

17. **Fellowship Funding:**

a. Do you have a stipend? Yes No If yes, specify: _____

b. Have you applied for support? Yes No If yes, specify: _____
