

# SF MATCH

## Central Application Service Ophthalmology Fellowship

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

### PERSONAL DATA

Name (Last, First, Middle)		Social Security Number:
Address where you can best be reached:		Day Phone: Evening Phone: Cell Phone: Pager: Email:
Alternative/Permanent address:		
Country of Citizenship:	Visa Status (if applicable): <input type="checkbox"/> Permanent <input type="checkbox"/> J-1 <input type="checkbox"/> H-1 <input type="checkbox"/> Other _____	Do you have military service obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No

### PREREQUISITES

<p><i>I have passed the following examinations:</i></p> <p><b>USMLE Step 1:</b> Date: ____/____/____ 3-digit score: ____ 2-digit score: ____ Number of times taken: ____</p> <p><b>USMLE Step 2 CK:</b> Date: ____/____/____ 3-digit score: ____ 2-digit score: ____ Number of times taken: ____</p> <p><b>USMLE Step 3:</b> Date: ____/____/____ 3-digit score: ____ 2-digit score: ____ Number of times taken: ____</p>
<p><i>I have previously passed the following exam(s) which are still valid:</i></p> <p><input type="checkbox"/> NBME <input type="checkbox"/> ECFMG <input type="checkbox"/> FLEX <input type="checkbox"/> VQE <input type="checkbox"/> COMLEX <input type="checkbox"/> OTHER: _____</p>
<p><i>I am licensed in the States of:</i></p>
<p>ECFMG Certificate # ____-____-____-____ Expiration Date: _____</p>
<p><i>I am American Board Certified in:</i></p>
<p><i>I am eligible for American Board Certification in:</i></p>

**SF MATCH**  
**Central Application Service**  
**Ophthalmology Fellowship**

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

**EDUCATION**

List your college, medical school and graduate level experience in chronological order (most recent first):

School/Medical Facility/Institution	Major/Specialty	City/State	Dates Attended From (mm/yr) to (mm/yr)	Degree / Date Granted

**LETTERS OF REFERENCE**

Three letters of reference are required. One letter must be from a Chair and one letter from a Subspecialist in field.  
Please indicate below the letters of reference that are part of your application.

**Letter of Reference #1**

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

I have waived access to this letter and have informed the author of this request for confidentiality.

I desire access to this above letter and have informed the author.

**Letter of Reference #2**

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

I have waived access to this letter and have informed the author of this request for confidentiality.

I desire access to this above letter and have informed the author.

**Letter of Reference #3**

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

I have waived access to this letter and have informed the author of this request for confidentiality.

I desire access to this above letter and have informed the author.

# SF MATCH

## Central Application Service Ophthalmology Fellowship

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

Career objectives:

Outside interests and hobbies:

Personal statement:

SF MATCH

**Central Application Service  
Ophthalmology Fellowship**

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

Honors, awards, achievements and professional or scientific organization memberships:

SF MATCH

**Central Application Service  
Ophthalmology Fellowship**

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

Research activities, publications and/or additional information (list authors and complete references in chronological order starting with most recent first):

# SF MATCH

## Central Application Service Ophthalmology Fellowship

Name: \_\_\_\_\_

Registration #: [ ] [ ] [ ] [ ] [ ]

1. Are you obligated through a Health Professions loan for military service?  Yes  No
2. Have you been party to any malpractice liability claims, suits and/or settlements?  Yes  No
3. Has disciplinary action ever been taken regarding health license, certificate, registration or permit you hold or have held?  Yes  No
4. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or regulated health occupation in any state?  Yes  No
5. Have you ever been convicted of, plead guilty to, or *nolo contendere* to illegal drug possession?  Yes  No
6. Have you been convicted of, plead guilty to, or *nolo contendere* to: (a) violation of any federal, state, or local law relating to the use, manufacturing, distribution, dispensing of controlled substances (b) any offense, misdemeanor or felony (except minor traffic violations)?  Yes  No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as consultant?  Yes  No
8. Has your license ever been suspended, revoked, or voluntarily surrendered?  Yes  No

### AGREEMENT

I certify that the information in this application is true and complete and that I have not withheld information that might significantly affect my qualifications for fellowship training. I understand that any misrepresentation in this application and its accompanying documents may be cause for immediate termination of my application process or future employment. I authorize any training program that receives this application to contact any or all of my former employers, educational institutions and/or other persons or organizations who may have information relevant to my application. I understand that any information obtained will be treated as confidential information. I authorize SFMatch to use any information I have provided to SFMatch in any study approved by SFMatch, provided that no information clearly and uniquely identifiable with me is disclosed in reports resulting from such study. I intend to complete all prerequisites before the start of my fellowship training. I understand that any contract or match result will be void if I do not satisfactorily complete my prerequisite training or if I fail to meet other requirements that have been explicitly states to all applicants. I will formally withdraw from this match prior to the rank list due date if I accept any position outside the match before the due date. If I match through SFMatch, I will withdraw from all other competitive matches in post-graduate medicine.

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