

# Application for Orthoptic Training Program

Ann & Robert H. Lurie Children's Hospital of Chicago  
Division of Ophthalmology  
Chicago, IL

For years of matriculation: \_\_\_\_\_

*Please print clearly and complete all sections:*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_

Citizenship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Day Time

Evening

How did you hear about orthoptics?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other professions have you considered?

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References (name, relationship, address, and phone number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Application requirements:

1. College transcripts (official)
2. Resume or CV
3. Letters of Recommendation (3)

I certify that all the information I have provided on this application and in all other admission application materials is complete, accurate and true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Your application is not complete until all supportive documents have been received. Admission decisions are made on complete applications only.

**Application deadline: March 15**

Return this application:

Vivian Tzanetakos, CO  
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