

ORTHOPTIC INTERNSHIP
STUDENT APPLICATION

Date _____

Type or print legibly.

Name _____

Current Address _____

Daytime Phone () _____ . Evening Phone () _____

Permanent Address: (If different from current address): _____

_____ Email address: _____

Name of Emergency Contact: _____ Relationship: _____

Address of Emergency Contact:

Education: list education from high school to the present:

FROM	TO	NAME OF SCHOOL	LOCATION	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any memberships to professional organizations, clubs or societies: _____

What special awards or recognition have you received: _____

What hobbies do you enjoy: _____

Three letters of recommendation are required. List below the names and addresses of all of your references.

Ask them to write directly to:

Attn: Bruce A. Furr, CO, PhD.

Ida Iacobucci Orthoptic Clinic
Kellogg Eye Center
1000 Wall Street
Ann Arbor, Michigan 48105

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

Are you currently eligible to work in the USA? _____

Have you ever been convicted of a misdemeanor or felony? _____

If yes, do you have any felony charges pending? _____

Enclose with this application:

1. Legible copy of Bachelor's degree certificate
2. Brief personal statement (less than 300 words) of why orthoptics appeals to you. Handwritten, on separate sheet of paper.
3. Three letters of recommendation

Mail the application and enclosures to:

Attn: Bruce A. Furr, CO, PhD.

Ida Iacobucci Orthoptic Clinic
Clinic Kellogg Eye Center
1000 Wall Street
Ann Arbor, Michigan 48105

Applicant's Signature: _____
2022

**DEADLINE: FEBRUARY 1 FOR ALL MATERIAL FOR YEAR BEING CONSIDERED
Entire form must be completed for consideration**