

**APPLICATION FORM
FOR
GIMBEL EYE CENTRE FELLOWSHIP**

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Date: _____

- ◆ C.V. is attached
- ◆ Reference Letters attached OR
- ◆ List of Names of 3 Referees to be contacted is included
- ◆ Personal Statement regarding interest in Ophthalmology and in interest in Gimbel Eye Centre Fellowship.

Current Licensure: State _____ # _____

Province _____ # _____

No. and type of surgeries performed as:

1. primary surgeon _____
2. assistant _____
3. observation only _____

Availability date to begin fellowship training _____