

CHARLES RETINA INSTITUTE
6401 Poplar Avenue, Suite 190
Memphis, TN 38119
Steve Charles, M.D.

Wallet
Photo
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APPLICATION FOR FELLOWSHIP IN VITREORETINAL SURGERY

(Please type or print)

NAME _____ DATE OF BIRTH _____
First Middle Last Month Day Year

ADDRESS FOR CORRESPONDENCE _____

PHONE NO. Day () _____ Night () _____ Beeper _____

MARITAL STATUS _____ SPOUSE'S OCCUPATION _____

CHILDREN _____ SEX AND AGE(S) _____ CITIZENSHIP _____

APPLYING FOR PERIOD BEGINNING _____ AND ENDING _____

<u>EDUCATION</u>	<u>INSTITUTION NAME</u>	<u>CITY/STATE</u>
Undergraduate College(s)	_____	_____
Undergraduate Major(s)	_____	_____
Medical School	DATE OF GRADUATION _____ DEGREE _____ GPA _____ _____ CLASS RANK _____ (must estimate)	
	DATE OF GRADUATION _____ GPA _____ (must estimate)	
Internship	_____	_____
	TYPE OF INTERNSHIP _____ DATE COMPLETED _____	
Residency(s)	_____	DATE COMPLETED _____
Retinal Fellowship(s)	_____	_____
	Dates _____ From _____ To _____	
Other Training	_____	_____
	Dates _____ From _____ To _____	

Do you have strabismus? Yes ___ No ___ Color blindness? Yes ___ No ___

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MEDICAL LICENSURE

Date Obtained _____ State _____ License No. _____

Date Obtained _____ State _____ License No. _____

Date Obtained _____ State _____ License No. _____

BOARD CERTIFIED Yes _____ No _____ Eligible _____ Date Received _____

AWARDS & HONORS _____

LANGUAGES SPOKEN (Comment on fluency of each)

1. _____

2. _____

3. _____

SURGICAL EXPERIENCE

1. Retina/Vitreous (Be as specific as possible)

	<u># Cases As Assistant</u>	<u># Cases as Primary Surgeon</u>
A. Vitrectomy	_____	_____
B. Scleral Buckle	_____	_____
C. Laser Treatments	_____	_____

Years as Practicing Retina/Vitreous Specialist _____

2. General Ophthalmology Experience

	<u># Cases As Assistant</u>	<u># Cases as Primary Surgeon</u>
A. Cataract Extractions	_____	_____
B. Corneal Transplants	_____	_____
C. Strabismus Operations	_____	_____
D. Refractive Surgery (PK/RK)	_____	_____

Years as Practicing Ophthalmologist _____

EXTRACURRICULAR ACTIVITIES AND INTERESTS _____

RESEARCH EXPERIENCE: (May list on CV)

PUBLICATIONS: (May list on CV)

MAJOR AREA(S) OF INTEREST IN OPHTHALMOLOGY:

ULTIMATE PRACTICE GOALS: (You may include a one-page, typed, personal essay that discusses this. Include interests in private/solo or academic practice; area of country; specific job plans, if known, etc.)

Any information falsified on this application could be cause for immediate dismissal if fellowship is granted.

Signature

Please complete in full and return with four letters of recommendation:

Steve Charles, M.D.
Charles Retina Institute
6401 Poplar Avenue
Memphis, TN 38119
Attention: Sabrina Newsom

REFERENCES FOR LETTERS OF RECOMMENDATION

Please list references. One letter must be from your Residency Director.

1. Name: _____
Title: _____
Address: _____

City State Zip

Telephone: _____ Please include area code

2. Name: _____
Title: _____
Address: _____

City State Zip

Telephone: _____ Please include area code

3. Name: _____
Title: _____
Address: _____

City State Zip

Telephone: _____ Please include area code

4. Name: _____
Title: _____
Address: _____

City State Zip

Telephone: _____ Please include area code