

Dear Applicant,

Thank you for your interest in applying for the Ophthalmic Pathology Fellowship at Stanford University, School of Medicine.

Please note, the following documents are required upon application submission:

- ☑ Ophthalmic Pathology Fellowship Application Form
- ☑ Current Curriculum Vitae
- ☑ Letter of Intent - (personal statement/why you want to do this fellowship)
- ☑ List of 3 References – (provide degrees, titles, phone, address and email address)
- ☑ Three Letters of Recommendation addressed directly to: Dr. Jonathan Lin, Director, Ophthalmic Fellowship Program

Please submit application & required documents to: eyepathology@stanfordhealthcare.org. Letters of Recommendation are to be sent directly by the office of the referee providing the recommendation. Letters of Recommendation may be emailed directly to: eyepathology@stanfordhealthcare.org.

Interviews for the positions will be conducted beginning in September. We ask that you have all your application materials submitted to this office by August 30th, two years prior to start date. Incomplete application packets will not be considered.

The Ophthalmic Pathology Fellowship Program requires at least three year's prior training in AP or 4 years AP/CP. Our program is a one-year fellowship (ACGME-accredited) that provides advanced, focused and intensive training in diagnostic ophthalmic pathology.

Stipends depend upon the postdoctoral level of training and are set by Stanford Health Care.

Please be aware that the Medical Board of California requires all U.S. and Canadian graduates to be licensed in California before they begin their 25th month of approved post graduate training, if the training is in a California institution. This means that if selected you are required to obtain a California medical license before starting the fellowship program. You should allow at least nine months to complete the entire process of securing a California medical license. Please contact the licensing board to request an application.

For non-U.S. and Canadian citizens and residents, the selected applicant will be required to obtain a J1 visa. H-1 visas are not sponsored. For more information on J1 visas, please go to: j1visa.state.gov.

Sincerely,

Dr. Jonathan Lin, MD, PhD
Stanford Medicine
Department of Pathology

Year of intended fellowship: _____

Application for Ophthalmic Pathology Fellowship

Stanford University School of Medicine, Department of Pathology
300 Pasteur Drive, Room L235, Stanford, CA 94305-5324

Name: _____
Last First Middle

Mailing address: _____
Street (no PO box please)

City State Zip

Telephone: _____ **Email:** _____

Secondary Email: _____ **Date of Birth:** _____
(mm/dd/yyyy)

Gender: Male Female Decline to state

We are legally required to collect certain statistical data from individuals pursuing employment with Stanford Medicine. Any information you voluntarily provide will be used only for reporting purposes and will not be used in selection decisions.

Are you Hispanic or Latino of any race (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No Decline to state

Are you a US citizen? Yes No

If no, what is your country of citizenship: _____

Do you have a green card? Yes No

Do you have a US visa? Yes No

If yes, what are the inclusive dates of validity for your US visa: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

When is your visa renewal date: _____
(mm/dd/yyyy)

Name of medical school where you graduated: _____

Country: _____

Mailing address: _____
Street (no PO box please)

City State Zip

Degree: _____ **Date conferred:** _____
(mm/dd/yyyy)

USMLE ID: _____

ECFMG ID (required for international med school): _____

ECFMG certification date: _____
(mm/dd/yyyy)

Anticipated years of training in an ACGME accredited programs prior to the start of this fellowship program: _____

Year of intended fellowship:

Non-medical degree(s) (list degree, university & years):

Postgraduate work:

List all postgraduate work including previous internships, residencies, and fellowships with dates and names of hospitals and schools. List all postgraduate medical courses taken.

Reasons for leaving internship, residency or fellowship prior to end of term:

Research Projects:

List all research projects completed or in-progress, published or not. List by Subject/Title, Principal Investigator & Publication.

REFERENCES:

Year of intended fellowship: _____

Name: _____
Last First Middle

Mailing address: _____
Street (no PO box please)

_____ City State Zip

Telephone: _____ Email: _____

Degree: _____ Title: _____

Name: _____
Last First Middle

Mailing address: _____
Street (no PO box please)

_____ City State Zip

Telephone: _____ Email: _____

Degree: _____ Title: _____

Name: _____
Last First Middle

Mailing address: _____
Street (no PO box please)

_____ City State Zip

Telephone: _____ Email: _____

Degree: _____ Title: _____

Please insert optional digital (jpeg) photo here



PLEASE SIGN AND DATE:

Signature: _____ Date: _____
(mm/dd/yyyy)

Stanford University is an equal opportunity, affirmative action employer, and is committed to increasing the diversity of its trainees. It welcomes applications from women, members of minority groups, protected veterans and individuals with disabilities, as well as from others who would bring additional dimensions to the university's research, teaching and clinical missions.