

Medical Student Rotation Application
University of North Carolina at Chapel Hill
Department of Ophthalmology

Applicant Name: _____

Requested Block: _____

Please complete this application electronically and submit in PDF format to the UNC Eye Medical Education Coordinator. Hand-written submissions will not be considered.

Personal Information

Name: _____
(last) (first) (middle)

Mailing Address:

Cell Phone: _____

Alt. Phone: _____

E-mail: _____

Are you pursuing an ophthalmology residency?
Yes No

Are you legally eligible to work in the US for
the duration of a residency training program?
Yes No

If so, when would you begin training?

Do you now or in the future need sponsorship
from an employer in order to obtain, extend,
or renew your authorization to work in the
US?
Yes No

What time period are you requesting for this
rotation?

Prerequisites

I have passed the following examinations:

USMLE, Step 1

Date: _____ 3-digit Score: _____ # of times taken: _____

USMLE, Step 2 CK:

Date: _____ 3-digit Score: _____ # of times taken: _____

I am taking the USMLE Step _____ exam on _____ and expect my score in _____.

I have previously passed the following exam(s) which are still valid:

NBME ECFMG FLEX VQE COMLEX Other: _____

I am licensed in the state(s) of: _____ ECFMG #: _____

Medical Student Rotation Application
 University of North Carolina at Chapel Hill
 Department of Ophthalmology

Applicant Name: _____

Requested Block: _____

Education

List your college, medical school, and graduate experience in chronological order (most recent first):

School/Medical Facility/Institution	Major/Specialty	Dates Attended (mm/yy) to (mm/yy)	Degree/Date Granted	GPA

Medical School Class rank (if available): _____ Class rank not available

AOA Honor Society is available at my school: Yes No (If yes, check all that apply below):

I was elected as junior/senior

I was not selected for AOA

Experience

Past and Present Employment:

Employer	Address (City & State)	Dates Employed (mm/yy) to (mm/yy)

Public Service and Activities:

Professional Memberships

Medical Student Rotation Application
University of North Carolina at Chapel Hill
Department of Ophthalmology

Applicant Name: _____

Requested Block: _____

Experience (cont'd)

Public Service and Activities:

Community Service

Outside Interests & Hobbies

Specialty Elective(s) & Related Activities

Honors, Awards, & Achievements

Medical Student Rotation Application
University of North Carolina at Chapel Hill
Department of Ophthalmology

Applicant Name: _____

Requested Block: _____

Research

List all research activities, papers, and/or additional information. Include all authors and complete reference in chronological order. Attach additional pages if necessary.

I certify that the information in this application is true and complete and that I have not withheld information that might significantly affect my qualifications for a rotation with the University of North Carolina at Chapel Hill Department of Ophthalmology. I understand that any misrepresentation in this application and in any accompanying documents may be cause for immediate termination of my application process or future employment. I authorize the UNC Department of Ophthalmology to contact any or all of my former employers, educational institutions and/or other persons or organizations who may have information relevant to my application. I understand that any information obtained will be treated as confidential information. I likewise understand that an approved rotation with the UNC Department of Ophthalmology does not guarantee me an interview for a residency position.

Printed name: _____

Date: _____

This serves as an official signature of authentication for all claims and information included in this form. By checking this box, I verify that the content within this document is valid and factual.