



Residency & Internship Application

I am interested in the following: Residency Program Internship Opportunity

PERSONAL INFORMATION:

Last Name _____ First Name _____

Present Address _____

City _____ State _____ Zip Code _____

Permanent Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

EDUCATION:

PRE-VETERINARY

College Name _____

College Location _____

Dates Attended _____

Degree Type _____

Major(s) _____

VETERINARY

College Attended _____

Date of Graduation _____ Class Rank _____ / _____ GPA _____ / _____

INTERNSHIP

Internship Type _____

Internship Location _____

Chairman _____

ACADEMIC HONORS



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ACTIVE STATE VETERINARY LICENSES:

State	License Number
_____	_____
_____	_____

PREVIOUS EMPLOYMENT:

Employer	_____
Location	_____
Supervisor	_____
Employment Dates	_____
Employer	_____
Location	_____
Supervisor	_____
Employment Dates	_____

REFERENCES:

Letters of recommendation have been requested from the following three **Veterinarians**. Original letters should include contact information for the individual. Emails are permitted but must be sent directly from the reference source to residency@eyecareforanimals.com.

Name/Affiliation	_____
Name/Affiliation	_____
Name/Affiliation	_____

Letters of recommendation have been requested from the following two **Non-Veterinarians**. Original letters should include contact information for the individual. Emails are permitted but must be sent directly from the reference source to residency@eyecareforanimals.com..

Name	_____
Name	_____



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PUBLICATIONS, RESEARCH OR OTHER PERTIENENT EXPERIENCE:

- A statement describing what I expect from an Ophthalmology Residency Program/Internship and my future professional goals is enclosed.
- A statement describing what I expect to contribute in my training and to Veterinary Ophthalmology in general is enclosed.
- My professional Curriculum Vitae is enclosed.
- I have requested copies of official college transcripts be forwarded directly to the address below. Copies will not be accepted.

Printed Name _____

Signature _____ Date _____

SEND APPLICATION AND ALL REQUESTED ITEMS TO:

**EYE CARE FOR ANIMALS
8145 E. INDIAN BEND ROAD
SCOTTSDALE, AZ 85250**

OR

RESIDENCY@EYECAREFORANIMALS.COM

Completed Applications and supporting documentation must be postmarked/submitted by **November 2, 2018** for a position beginning in July of the following year.