

# APPLICATION FOR ORTHOPTIC FELLOWSHIP PROGRAM

**Application Deadline: February 28**

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

Personal phone number: \_\_\_\_\_ Personal email address: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, please name: \_\_\_\_\_

How did you hear about Orthoptics? \_\_\_\_\_

## Education

*Please list all education from high school to present.*

Name of Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

# APPLICATION FOR ORTHOPTIC FELLOWSHIP PROGRAM

## Recommendations

List below the names, emails, phone numbers, and your relationship of 3 references. **Please have each individual reference write and mail or email (preferred) letter of recommendation directly to:**

Salvatore Bellante, Orthoptic Program Director  
Children's Hospital of Philadelphia • Division of Pediatric Ophthalmology  
3500 Civic Center Blvd. • 11th Floor Buerger Center - Rm. 11534 • Philadelphia, PA 19104  
215-590-2791 • [Ophfellowships@chop.edu](mailto:Ophfellowships@chop.edu)

**Please have the reference letters sent from the individual's reference directly to our program director via mail or email (preferred).**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Reference: \_\_\_\_\_

## Enclosures

1. Please provide complete curriculum vitae, including academic background, honors, memberships/professional organizations, clubs, societies and work experience.
2. Please provide a handwritten personal statement (300 words or fewer) as to why you would like to become an orthoptist.
3. **Please have the official academic transcripts sent directly to the program director by the academic institutions.**

Please answer all questions. Application is not complete until all supporting documents have been received. Please mail or email (preferred) the application and enclosures to:

Salvatore Bellante, Orthoptic Program Director  
Children's Hospital of Philadelphia • Division of Pediatric Ophthalmology  
3500 Civic Center Blvd. • 11th Floor Buerger Center - Rm. 11534 • Philadelphia, PA 19104  
215-590-2791 • [Ophfellowships@chop.edu](mailto:Ophfellowships@chop.edu)

Official academic transcripts and letters of recommendation should be sent separately and directly by the academic institutions and the individual's references to the address or email (preferred) above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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