



## Harvard-Vision Clinical Scientist Development Program

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Citizenship: \_\_\_\_\_ If not US citizen, Type of Visa: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Undergraduate Education College / University: \_\_\_\_\_

Degree: \_\_\_\_\_

Medical Education: College / University: \_\_\_\_\_

Degree: \_\_\_\_\_

Internship: Type: \_\_\_\_\_

Hospital: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Hospital: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Post Graduate Training: \_\_\_\_\_ Institution \_\_\_\_\_ Dates \_\_\_\_\_

Residency \_\_\_\_\_

Fellowship \_\_\_\_\_

Fellowship \_\_\_\_\_

Teaching Appointment \_\_\_\_\_

Foreign Medical School Graduate:

USMLE No. 1: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

USMLE No. 2: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

USMLE No. 3: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Medical Licensure:

State \_\_\_\_\_ No. \_\_\_\_\_ Date Issued \_\_\_\_\_

State \_\_\_\_\_ No. \_\_\_\_\_ Date Issued \_\_\_\_\_

Board Certification:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Military Status:

\_\_\_\_\_ Date \_\_\_\_\_

Hospital Staff (*Past and Present*):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Scholarships and Awards (list awards and dates):

Medical and Research Society Memberships:

\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

References: *(The applicant is responsible for requesting three letters of recommendation be addressed to Reza Dana, MD, MPH, K-12 Program Director and sent to Cori O'Brien Ophthalmology Administration 5<sup>th</sup> Floor, 243 Charles St. Boston, MA 02114).*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I hereby swear that all information contained in this application is true and accurate:

\_\_\_\_\_  
Signature Date

*Mail (a) completed application, (b) Curriculum Vitae & (c) 1- 2 page detailed letter of intent together to:*

K-12 Harvard Clinical Scientist Development Program  
Ms. Cori O'Brien  
Ophthalmology Administration 5<sup>th</sup> fl.  
Mass Eye & Ear Infirmary  
243 Charles Street  
Boston, MA 02114