



Application for International Observer Program

Date of Application: _____ (MM/DD/YYYY)

Name (as it appears on passport)

First: _____ **Middle:** _____ **Last:** _____

Mailing Address: _____

Hospital or School Name and Address: _____

***Date of Residency Completion:** _____

Cell Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Gender:** Female Male

Date of Birth: _____ (MM/DD/YYYY)

Have you passed an English Competency Exam? Yes No

Name of English Exam: _____ **Date of English Exam:** _____

Spoken Languages: _____

Passport Information

Country of Issue: _____ **Passport Number:** _____

Date of Issue: _____ **Expiration Date:** _____

Do you have a current US Visa? Yes No **If Yes, Visa Expiration Date:** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone Number and/or Email: _____

Funding Information

Self Funded (Amount Available \$USD: _____) Hospital/ Agency Grant (Award Amount \$USD: _____)

Other _____ I need funding (Amount Needed \$USD: _____)

Do you need assistance securing housing? Yes No

Dates Requested for Observership at the Moran Eye Center: _____

Requested Subspecialty of Ophthalmology: _____

*Please note, individual must have completed residency training in order to be eligible for observerships at the John A. Moran Eye Center.

Please return this application, along with any additional requested information to Erika Ruiz, Global Outreach Administrative Assistant. Documents can be submitted via email to erika.ruiz@hsc.utah.edu, via fax to **801-581-3357**, or via mail to **John A. Moran Eye Center – International Division, University of Utah, 65 Mario Capecchi Drive, Salt Lake City, Utah 84132, USA.**

Documentation to Accompany Application:

1. Completed Application
2. Letter of Interest - Please include:
 - Subspecialty of Ophthalmology
 - Goals & Expectations of Program
3. Copy of Current Passport
4. Curriculum Vitae (CV)
5. Copy of Medical License(s)
6. Copy of Academic Degree(s)
7. Letters of Recommendation - Please provide:
 - One Letter from a College / University Professor
 - One Letter from the Director of your Medical Office / Department
8. Proof of English Fluency - Please provide *one* of the following:
 - English test scores such as the TOEFL, ESOL, etc.
 - Letter from an English teacher with knowledge of your fluency in English
 - Letter from a US Ophthalmologist with knowledge of your English skills
9. Verification of Financial Support - Please provide *one* of the following:
 - **Self-Funded** - Bank statements to verify that you are able to cover the proposed costs of your International Observership
 - **Hospital/Agency Grant** - Letter from the hospital or agency that is sponsoring your Observership to verify the amount of funding that will be provided
 - **Letter of Need** - Letter explaining the amount of funding you need to complete your Observership (John A. Moran Eye Center scholarships are available)
 - **Other** - Letter to explain funding for your Observership if you are not self-funded, receiving a grant, or applying for a John A. Moran Eye Center scholarship

Documentation Needed *AFTER* Acceptance to Program:

10. Immunization Compliance Form
11. Copy of United States Visa
12. Verification of Health Insurance (Valid in the United States)

Please return all requested documentation to Erika Ruiz, Global Outreach Administrative Assistant. Documents can be submitted via email to erika.ruiz@hsc.utah.edu, via fax to **801-581-3357**, or via mail to **John A. Moran Eye Center – Outreach Division, University of Utah, 65 Mario Capecchi Drive, Salt Lake City, Utah 84132, USA.**