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## APPLICATION FORM FOR EXCHANGE VISITOR PROGRAM NO. P-3-6131

### Enclose With This Application:

1. Brief (less than 300 words) cover letter giving any relevant background, your career goals, and the type of fellowship experience that would facilitate the path to your career goal.
2. Curriculum vitae.
3. Three recommendation letters.
4. Mail application and enclosures to Dr. Scheffer CG Tseng, Research Director, Ocular Surface Research & Education Foundation, 7000 SW 97 Avenue, Suite 212, Miami, FL 33173.

**Application for:**  **Research Scholars (1 to 5 years)**  
 **Short-Term Scholars (up to 6 months)**

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Please print or type. Read carefully and complete all questions.**

### Personal Data

Name in full \_\_\_\_\_  
First Middle Last

Current mailing address \_\_\_\_\_  
Street

City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

If you do not have a social security number you must obtain one before starting fellowship.

Permanent address if different from current \_\_\_\_\_  
Street

City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Ocular Surface Research & Education Foundation, Inc.**  
7000 SW 97th Avenue, Suite 212, Miami, FL 33173

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Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Citizenship \_\_\_\_\_

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of spouse \_\_\_\_\_ Ages of children \_\_\_\_\_

Nearest relative \_\_\_\_\_  
Name (other than spouse)                      Relation

Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have or have you had illness or physical disability that might in any way interfere with the proper performance of your duties as a Research Scholar? (Use separate sheet of paper if needed)

If "Yes", describe: \_\_\_\_\_

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Have you had any problems with alcohol or drugs? If so, please specify \_\_\_\_\_

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Height \_\_\_\_\_ Weight \_\_\_\_\_

Since your sixteenth birthday have you ever been convicted of a felony? \_\_\_\_\_  
If so, state as to the court, nature of the offense, disposition and date of case. (Use separate sheet of paper if needed)

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## Education

List chronologically your activities from the time of graduation from high school to the present, even if submitting a CV. Account for any interruption in education or career path.

From	To	Name of School	Location	Degree if any & Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If additional space is required, please use separate sheet of paper.)

## References

List below three or more names of individuals we can contact for reference and recommendation:

1.	_____	_____	_____
Name	Address	Phone	
2.	_____	_____	_____
Name	Address	Phone	
3.	_____	_____	_____
Name	Address	Phone	
4.	_____	_____	_____
Name	Address	Phone	
5.	_____	_____	_____
Name	Address	Phone	

## All Foreign Applicants (medical or non-medical) for Visa Processing

Do you have a visa? \_\_\_\_\_ Type? \_\_\_\_\_

Country of legal residence \_\_\_\_\_

Your position in your home country \_\_\_\_\_

Is any personal financial support available from you home country? \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Will any family members accompany you? (circle one) Yes No If yes, then please list following information on each person:

FULL NAME	RELATIONSHIP	DATE & COUNTRY OF BIRTH	NATIONALITY
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### Foreign Medical Graduates Only (Information required for visa processing).

Citizenship and date \_\_\_\_\_

If not a U.S. citizen, type of visa \_\_\_\_\_

If on a J.1 exchange visitor visa, give country \_\_\_\_\_

Have you passed your Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS)?  
Yes No (It is necessary to submit a copy of the certificate with this application)

Score on Basic Sciences \_\_\_\_\_ Clinical Sciences \_\_\_\_\_ English \_\_\_\_\_ Pass Fail  
(circle one)

Give number and indicate type of certificate \_\_\_\_\_ Standard \_\_\_\_\_ Interim \_\_\_\_\_

When did you first begin training in the United States? \_\_\_\_\_

Please check to see that all questions are answered.

\_\_\_\_\_  
Signature