children's
EYE CARE

PEDIATRIC OPHTHALMOLOGY + ADULT STRABISMUS

John D. Baker, MD
John D. Roarty, MD
Rajesh C. Rao, MD
Lisa I. Bohra, MD
Leemor B. Rotberg, MD
Elena M. Gianfermi, MD
Alexandra O. Apkarian, MD
Alexandra Williamson, OD

Student Application for Children's Eye Care of Michigan Orthoptic Program

Date _____

Name Last _____ First _____ Middle _____

Address _____

City/State/Country/Zip Code _____

Phone Day ( ) _____ Night ( ) _____

E-mail _____

Date of Birth _____ Birthplace _____ Citizenship _____

Do you have or have you had any illness or physical limitations that might interfere with your training as an orthoptic student? (Please explain)

_____

_____

_____

Educational Background

List chronologically from high school to present:

Date enrolled | School/University | Location | Degree/Major field

_____

_____

_____

_____

CLINTON TOWNSHIP
42700 Garfield Rd
Suite 200
Clinton Township, MI 48038
T 586.532.3380
F 586.416.1608

DEARBORN
22731 Newman St
Suite 245
Dearborn, MI 48124
T 313.561.1777
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WEST BLOOMFIELD
7001 Orchard Lake Rd
Suite 200
West Bloomfield, MI 48322
T 248.538.7400
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DETROIT
Children's Hospital of Michigan
Department of Ophthalmology
3901 Beaubien Blvd
Detroit, MI 48201
T 313.745.3937
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www.childrenseyecaremich.com

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REFERENCES

1. Name_____Phone_____Email_____

   Mailing Address_____

   Years Known_____ Relationship to applicant_____

2. Name_____Phone_____Email_____

   Mailing Address_____

   Years Known_____ Relationship to applicant_____

3. Name_____Phone_____Email_____

   Mailing Address_____

   Years Known_____ Relationship to applicant_____

Have you had any experience working in an ophthalmology clinic or other eye care facility? If so, please describe the amount of time and experiences:

_____
_____
_____

Have you ever worked closely with small children? If so, please describe the amount of time and experiences:

_____
_____
_____

How did you hear about orthoptics as a career? Why does this field interest you?

_____
_____

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Enclose with this application:

1. A brief autobiographical sketch (less than 300 words), handwritten by the applicant on a separate sheet of paper
2. A recent photograph

Please forward:

1. All college transcripts
2. Proof of certification(s), if applicable
3. Three letters of recommendation

Send the fully completed application and enclosures to:
Judy Petrunak, CO, COT, Orthoptic Program
c/o Children's Eye Care, PC
42700 Garfield Road, Suite 200
Clinton Township, MI 48038
or email judy@cecmich.com

I certify that all information provided on this application form and all other admission materials are complete and accurate to the best of my knowledge.

Applicant's Signature_____Date_____

The Orthoptic Program at Children's Eye Care will consider all qualified applicants regardless of race, color, religion, gender, or national origin. Qualified applicants with disabilities will be equally considered unless their attendance, clinical performance, or academic ability is appreciably compromise.

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