

GAASS Application Package

Fellowship Director: **IKE K. AHMED MD, FRCS(C)**
Glaucoma, Cataract & Anterior Segment Surgery Ophthalmology



Dear Applicant,

Thank you very much for your interest in our Fellowship programs. To apply, please ensure that the following documents have been completed:

- Completed GAASS Fellowship Application (attached)
- Cover letter/personal statement expressing your objectives, special skills and expertise
- Up-to-date curriculum vitae
- Medical School transcript
- Current photograph
- Three letters of reference (see application for details). These letters cannot be provided by the applicant - please have the referrers send the letters directly (through email or courier to the addresses provided below).

Please provide all materials in one email - attached as individual files, do not ZIP, do not combine to 1 PDF. Completed applications and supplemental materials can be emailed (**preferred**) to mike.yang@prismeye.ca Email subject line should start with: **GAASS Research Fellowship** attachments filenames should start with: *your first name*

or couriered/mailed to:

Prism Eye Institute
2201 Bristol Cir, Suite 100
Oakville, ON L6H 0J8
Attn: Director of Research

Applications are due before Feb 28 of the year of the fellowship but are preferred earlier.

Once your completed application has been received, you will receive a confirmation from our office. To help manage the high volume of inquiries, we ask that once you have submitted your application that you wait to be contacted by our offices.

Before submitting, please ensure you are familiar with the fellowship description available here - <http://ophthalmology.utoronto.ca/glaucoma-and-advanced-anterior-segment-surgery-gaass>

We truly appreciate your interest in our fellowship programs. We will contact you should we request an interview or further information. We do receive a large number of excellent applications each year, making the selection process very competitive and difficult. I wish you the very best in your academic endeavors.

Sincerely,

Ike K. Ahmed, MD, FRCS(C)

Assistant Professor, University of Toronto

Fellowship Director, Glaucoma and Anterior Segment Surgery (GAASS) Fellowship, University of Toronto

Research Fellowship Director, University of Toronto, Department of Ophthalmology and Vision Sciences

Professor, University of Utah



2201 Bristol Cir, Suite 100, Oakville, ON L6H 0J8

www.prismeyeinstitute.com

phone 905.456.3937

fax 905.820.0111

GAASS FELLOWSHIP - APPLICATION FORM



Ophthalmology & Vision Sciences
UNIVERSITY OF TORONTO

Please complete and include this application as a part of your GAASS Fellowship application package - see page 1 for details.

Name: _____

Date: _____

APPLICATION TYPE

RESEARCH FELLOWSHIP - 1 YEAR

CONTACT INFO

Name:

Current Address:

Date of Birth:

Place of Birth:

Citizenship(s):

Email:

Home Phone:

Work Phone:

Mobile Phone:

Emergency Contact:

Emergency Contact Phone:

EDUCATION/TRAINING

Time period from College graduation to present should also be included. Please explain any significant gaps.

Institution	City/State/Country	From (MM/YY)	To (MM/YY)	Degree or Major

POST-TRAINING WORK (if applicable)

Institution	City/State/Country	From (MM/YY)	To (MM/YY)	Duties

ACCOMPLISHMENTS

Please list honors, awards, and other academic accomplishments:

Please list publications that showcase your writing (provide direct link or attach pdf paper along with your email application) :

Please check YES or NO for the following. If Yes for any question, please provide explanation below.

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever had a medical license revoked? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been found guilty of academic misconduct? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have any physical disability or chronic illness? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you feel you may be unable to perform any duties or the fellowship? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Provide details for any Yes answers:

REFERENCES

Letters or reference should be from a director and/or direct supervisor from your medical school program, and two other individuals who are able to assess your abilities. PLEASE NOTE: These letters should not be seen by the applicant. Letters should be sent directly from the referrer (see page 1 for address/email).

Please list the 3 referrers providing your letters of recommendation (Name, Position, Institution, City):

- 1.
- 2.
- 3.

FUNDING

Funding is provided to all Research Fellows. If applicable, list any additional sources of funding you have secured or applied for:

PROFESSIONAL GOALS

Please briefly state your professional goals, and how you feel this fellowship will aid in achieving these: