

Dear Doctor:

Bascom Palmer Eye Institute, the Department of Ophthalmology of the University of Miami Miller School of Medicine, in keeping with its commitment to global exchange is pleased to provide an international clinical observership program for ophthalmologists from around the world.

The International Clinical Observership program offers two options which allow the individual physician to meet his/her educational needs. Visitors to the department may choose either a two-week observership or an extended visit upon approval. **The program is an observational tutorial which does not permit any direct patient care.**

To be accepted into the program you must have completed your residency program and have a good command of the English language.

**International Clinical
Observer**
(2 weeks to 3 months)

Faculty Approval
B-1 or B-2 Visa (Tourist Visa)
Hospitalization Insurance (required)
Curriculum Vitae
Copy of Medical License
Current Photograph
No Application Fee
Maximum Visit: 3 months (no extension)

**Extended International Clinical
Observer - Short-Term Scholar**
(3 months to 6 months)

Faculty Approval
J-1 Visa
Hospitalization Insurance (required)
Curriculum Vitae
Proof of highest degree (M.D., Ph.D.)
Proof of outside funding source
No application Fee
Maximum Visit: 6 months (no extension)

Only completed applications with appropriately attached documents will be considered. All documents must be submitted **a minimum of 6 months in advance of your visit.** Be sure to clearly indicate your area of interest and preferred dates for your visit. **Incomplete applications will be returned.**

Thank you for your interest in Bascom Palmer Eye Institute.

Sincerely,

Marili Rivera
Program Coordinator

**INTERNATIONAL CLINICAL OBSERVERSHIP
TWO WEEKS - 3 MONTHS**

PLEASE RETURN TO:

**Marili Rivera
Continuing Medical Education
900 NW 17th Street
Miami, FL 33136**

**Tel (305) 326-6110
Fax (305) 326-6518**

NAME: _____ **DEGREE:** _____ **SOC.SEC.#** _____

ADDRESS: _____ **CITY:** _____

COUNTY: _____ **STATE:** _____ **ZIP:** _____ **COUNTRY:** _____

TEL: _____ **FAX:** _____ **DATE OF BIRTH:** _____
(include country code, city code)

E-mail address

**MEDICAL
SCHOOL:** _____ **YEAR:** _____

IF FOREIGN GRADUATE, ECF MG
_____ **DATE:** _____

LICENSE # _____ **DATE ISSUED:** _____

**A COPY OF LICENSE RENEWAL FOR CURRENT YEAR MUST ACCOMPANY THIS
APPLICATION FOR ENROLLMENT**

SPECIALTY: _____ **CHECK IF BOARDCERTIFIED:** _____

**AREA OF
INTEREST:** _____
(Be very specific, and choose one area: glaucoma, cornea, oculoplastics,...)

HOSPITAL AFFILIATION(S): _____

IN ORDER OF PREFERENCE, GIVE PREFERRED DATES FOR VISIT (2 weeks):
1. _____ 2. _____
3. _____ 4. _____

SUPPORTING DOCUMENTS REQUIRED:

1. Copy of Medical License renewal for current year
2. Curriculum Vitae
3. Current Photograph

At least 60 DAYS must be allowed to process application

**EXTENDED INTERNATIONAL CLINICAL
OBSERVERSHIP- SHORT-TERM SCHOLAR
3 - 6 MONTHS**

Return: Marili Rivera
Continuing Medical Education
900 N.W. 17th Street
Miami, FL 33136

Telephone: (305) 326-6110
Fax: (305) 326-6518

(AT LEAST 6 MONTHS MUST BE ALLOWED TO PROCESS APPLICATION)

Last Name: _____, **First Name:** _____, **Middle Name:** _____

Male: _____ **Female:** _____ **Birthdate:** _____ **City of Birth:** _____ **Country:** _____
Mo. Day Year

Legal Permanent Resident Of: _____ **(Country)** **Office Tel#** _____ **Fax#** _____
(include country code, city code)

e-mail address: _____ **Languages Spoken:** _____

Scholar's Position in Home Country Is:

U.S. Address of Scholar and Telephone Number:

Business Address in the Home Country Is:

The IAP-66 Certificate Will Cover the Period Stated Below:

From: _____ **To:** _____
Month Day Year Month Day Year

The Specific Activity He/She Will Be Engaged in Is:

The Specific Field of Research or Professional Activity Is:

Visiting Scholars on a J-1 Visa must receive at least 60% of their funding from an outside institution(example: hospital, university, government), in addition to their own personal funding. Funds from your institution plus funds from your personal bank account must equal \$1300.00 (US) for each month of your visit. Proof of funding from your institution must be on official letterhead from your institution and should indicate the amount of support in US Dollars. The letter must also indicate the exact dates of your visit. Proof of personal funding must be on the official letterhead from your bank or a copy of your bank statement and must indicate the amount in US Dollars.

_____ Amount
\$ _____/month
Name of Institution (Hospital, University)

Personal Funding: \$ _____/month

Address to Mail completed
IAP66: _____

Scholar's Family accompanying him/her (please list additional names on back if necessary:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Country of Birth</u>	<u>Nationality</u>
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HOSPITALIZATION INSURANCE (Required of All Observers)

Visiting Observers are required to carry accident and sickness health insurance coverage of at least \$50,000 with repatriation coverage of \$7,500 and evacuation coverage of \$10,000 with a deductible less than \$500.

If you already have insurance that covers the above, then please submit copies of your policy along with your application form. *If you do not have the above coverage, you will be required to purchase insurance prior to your arrival at the Bascom Palmer Eye Institute.*