

**2007 CLAES DOHLMAN AWARD**

(September 1, 2007 DEADLINE)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Medical License Number/State: \_\_\_\_\_

Medical License Number/State: \_\_\_\_\_

Name of current Cornea fellowship program: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EDUCATION**

College:

Institution	City	State	Zip
Degree			Years Attended

Medical School:

Institution	City	State	Zip
Degree			Years Attended

Internship:

Institution	Years Attended
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Residency:

Institution	Years Attended	
City	State	Zip

Fellowship:

only if  
different than  
previous page

Institution	Years Attended	
City	State	Zip

Other:

Institution	Years Attended	
City	State	Zip
Specialty/Degree	Years Attended	

**REFERENCES**

1. Cornea Fellowship Director's Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_

**RESEARCH INTERESTS**

Please describe your research interests and career plans on a separate sheet.

(Attach)

**PUBLICATIONS**

(Include in CV)

**NOTICE TO APPLICANTS**

Three letters of recommendation are necessary for completion of this application. One of these letters should be from your Cornea Fellowship Director. Please send letters of recommendation, current CV and completed applications:

Dimitri Azar, MD  
Professor and Head, Department of Ophthalmology  
University of Illinois at Chicago  
1855 West Taylor Street MC/648  
Chicago IL 60612  
312-996-6590

**OR FAX ALL MATERIALS TO ATTN: Dimitri Azar MD (312) 996-7770**

The deadline for applications is September 1, 2007. Incomplete application packets will not be reviewed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date