



CAMPUS INNENSTADT

## **AUGENKLINIK**



## Application form for visiting ophthalmologists

Last Name	First Name	
Date of birth (dd/mm/yyyy)	Place of birth	Nationality
Desired start of training (dd/mm/yyyy)	Desired end of training	(dd/mm/yyyy)
Current address	Current employer	
eMail	Phone (landline or cellu	ılar)
I am looking for (recommended duration)		
Oa short-term observership (1-4 weeks) Oguest residency (1-5 years) Oa long-term observership (1-3 month)		
I am/have		
O a medical student		
O a medical doctor (no training in ophthalmology so far) O in a residency program in ophthalmology		
Completed residency in ophthalmology		
Field of interest		
(students and doctors without training in ophthalmology can only choose general ophthalmology)		
general ophthalmology medical retina		
□ vitreoretinal surgery		
plastic and reconstructive surgery		
strabism/pediatric ophthalmology		
Sponsorship	Specify sponsor:	
private governmental/from my own country		
organisational/NGO (DAAD, ICO, etc.)		
Attachment checklist (*: obligatory)		
application form (this form) *		
curriculum vitae * application photo *		
□ a copy of your medical diploma *		
a copy of your passport or ID *		
Medical certificate for trainees in the health service at the "Klinikum der Universität München" *		
confirmation of sponsorship letter(s) of recommendation, if available		
German B2 language test certificate or equivalent (obligatory for guest residency only)		
Date	Signature	