

Resident's Application

Instructions:

If you are an ophthalmology resident (PGY3 or higher) and are interested in participating in Project African Vision please fill out the following application. The bottom half is to be filled out by your program director. Please return the completed application with a photocopy of your passport or birth certificate (necessary to obtain a visa) to the following address:

The Carefree Foundation
Attn: Jenna Burka, MD
5530 Wisconsin Avenue, Suite 914
Chevy Chase, MD 20815

Name (Last, First, Middle Initial): _____

Name of Program: _____

PGY _____

Availability:

3 weeks (October 23rd – November 14th, 2004)

2 weeks (October 29th – November 14th, 2004)

Permission from program:

I acknowledge that _____ (name of resident) has the permission of this program to travel to Ethiopia during the weeks specified above and to participate in Project African Vision.

(Signature of Program Director)

(Printed Name)

Your application will be processed on a first come first serve basis. If accepted for the program you will be required to pay a \$500 deposit to reserve your spot. The deposit is fully refundable at the completion of the trip.