



# Orthoptic Program: Application Form

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

**EDUCATION:**

College / University / Institution Name	Dates of enrollment	Area of study / Degree

Please print, fill out and send this **application form** along with:

- A **short, handwritten essay**, state why you are interested in a career as an Orthoptist and describe any relevant work, volunteer or life experience.
- **Two letters of reference**
- Official copy of any **college transcript(s)**
- Up-to-date **curriculum vitae**
- Optional: attach a **personal photograph** to your application materials

Please mail or email all application materials to the address listed below. All required application materials must be received by **MARCH 1**

Kali Ridders, CO®  
 University Station  
 Pediatric Eye and Adult Strabismus Clinic  
 2880 University Ave, Rm 223  
 Madison, WI 53705  
 krikkers@uwhealth.org

By signing below, I certify that all the information I have provided on this application form and in all other admission application materials is complete, accurate and true to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**