



APPLICATION FOR ADMISSION – RESIDENCY PROGRAMS

Application packet due February 1
Acceptance of late applications is at the discretion of the program supervisor.

INSTRUCTIONS:

- 1) Register with the Optometry Residency Match (ORMatch) by February 1.
- 2) Return this completed application form, along with the following supporting documents, directly to the program supervisor. These materials are due by February 1.
- Letter of Intent (include reasons for wanting to complete this residency)
- Curriculum vitae
- Official transcripts from applicant's school or college of optometry (copies may be sent initially, however, official transcripts must be received prior to February 1)
- Official NBEO scores. (Copies may be sent initially, however, official copies must be received prior to February 1). It is expected that the resident will have passed the National Board exams and will obtain licensure in Michigan (any state for VA locations) prior to the completion of the residency.
- Copy of state license, if applicant is already licensed to practice optometry in any state.
- 3) Concurrently arrange for 3 letters of recommendation to be forwarded to the program supervisor by February 1. At least two must be from faculty (on campus, or off campus) who are familiar with applicant's clinical skills.
- 4) Program supervisor will contact the applicant to arrange for an in-person, telephone, or video-conference interview.

APPLICANT INFORMATION:

Program applying for (please check one):

- Boling Vision Center
Battle Creek VAMC
John D Dingell VAMC
Cherry Health
Henry Ford OptimEyes
Michigan College of Optometry – Cornea & Contact Lens
Michigan College of Optometry – Pediatric & Binocular Vision
Specialty Eye Institute
VA Northern Indiana Health Care System
Wyoming VA Health Care Center (Grand Rapids, MI)

Name (last, first, middle initial)

Other name(s) under which records may be found

Mailing address (City, States, Zip)

Permanent address (if different from mailing)

Telephone & Email address

State declared as legal residence: U.S. Citizen? If no, what country? Date of birth:

Location & Date Optometry degree received/will be received: Name of Institution Date

In order to understand your specific interests, please list any other residency programs to which you have applied:

Date: Signature:

All application material should be sent to individual program supervisors (addresses located on next page)

Residency Contact Information

<p>Boling Vision Center Residency in Primary Care</p> <p>Boling Vision Center 17900 Ireland Rd South Bend, IN 46614</p> <p>Residency Supervisor: Kim Cooper, OD, FAAO Phone: (574) 291-9280 Fax: (574) 299-1163 Email: ocular2009@gmail.com</p>	<p>Michigan College of Optometry Residency in Cornea & Contact Lens</p> <p>Michigan College of Optometry 1124 South State St Big Rapids, MI 49307</p> <p>Residency Supervisor: Bruce Morgan, OD, FAAO Phone: (231) 591-2180 Fax: (231) 591-2394 Email: BruceMorgan@ferris.edu</p>
<p>Battle Creek VAMC Residency in Ocular Disease</p> <p>Optometry Clinic 123 5000 Armstrong Rd Battle Creek, MI 49015</p> <p>Residency Supervisor: Molly McGinty-Taren, OD, FAAO Phone: (269) 966-5600 x32451 Fax: (269) 223-5095 Email: Molly.McGinty-Tauren@va.gov</p>	<p>Michigan College of Optometry Residency in Pediatrics & Binocular Vision</p> <p>Michigan College of Optometry 1124 South State St Big Rapids, MI 49307</p> <p>Residency Supervisor: Paula McDowell, OD, FAAO Phone: (231) 591-2182 Fax: (231) 591-2394 Email: PaulaMcDowell@ferris.edu</p>
<p>John D Dingell VAMC Residency in Ocular Disease</p> <p>Detroit VAMC 4646 John R St. Detroit, MI 48201</p> <p>Residency Supervisor: Phillip Elston, OD, FAAO Phone: (313) 576-1000 x65742 Fax: (313) 576-1002 Email: Phillip.Elston@va.gov</p>	<p>Specialty Eye Institute Residency in Ocular Disease</p> <p>Specialty Eye Institute 1116 W. Ganson Jackson, MI 49202</p> <p>Residency Supervisor: Angela Cumming, OD Phone: (800) 551-7347 Email: Acumming@specialtyeyeinstitute.com</p>

<p>Cherry Health Residency in Community Health & Primary Care</p> <p>The Grand Rapids Lions Club Vision Clinic Heart of the City Health Center 100 Cherry St. SE Grand Rapids, MI 49503</p> <p>Residency Supervisor: Meagan Baker, OD, FAAO Phone: (616) 776-2135 x7068 Fax: (616) 940-5334 Email: MeaganBaker@cherryhealth.com</p>	<p>VA Northern Indiana Health Care System Residency in Ocular Disease & Primary Care</p> <p>VA Northern Indiana Health Care System 2121 Lake Avenue Fort Wayne, IN 46805</p> <p>Residency Supervisor: Sara Schamerloh, OD, FAAO Phone: (260) 460-1442 Email: Sara.Schamerloh@va.gov</p>
<p>Henry Ford OptimEyes Residency in Primary Care</p> <p>Henry Ford Medical Center OptimEyes 6530 Farmington Rd, Suite 300 West Bloomfield, MI 48322</p> <p>Residency Supervisor: Robert Finlay, OD Phone: (248) 661-5100 x1 Fax: (248) 661-8816 Email: RFinlay@optimeyes.com</p>	<p>Wyoming VA Health Care Center Residency in Ocular Disease</p> <p>Wyoming VA Health Care Center 5838 Metro Way Wyoming, MI 49519</p> <p>Residency Supervisor: Jordan Kuipers, OD Phone: (616) 249-5300 x30393 Fax: (616) 249-5331 Email: Jordan.Kuipers2@va.gov</p>