AMERICAN UVEITIS SOCIETY
MEMBERSHIP APPLICATION FORM

Date_____

Name:_____

Professional Address:_____

_____

Contact Information:

Office: (_____)_____

Home: (_____)_____

Fax: (_____)_____

Email: _____

EDUCATION

Medical School: _____Year Graduated:_____Degree:_____

Graduate School: _____Year Graduated:_____Degree:_____

Internship: _____Year Completed:_____

Residency: _____Year Completed:_____

Postdoctoral Training:

Type & Preceptor:

Place:_____Dates:_____

Additional Training:

Type & Preceptor:

Place:_____Dates:_____

CURRENT PRACTICE OR RESEARCH POSITION

Place:_____

Rank/Position:_____Year Started:_____

AMERICAN UVEITIS SOCIETY
MEMBERSHIP APPLICATION FORM (CONT'D)

PRACTICE/RESEARCH/TEACHING DEVOTED TO UVEITIS

1. How many years since completing training in uveitis or ocular immunology? _____
2. Estimate percentage of time devoted to management of patients with uveitis, research in ocular immunology, or teaching in uveitis or ocular immunology. _____%

AMERICAN ACADEMY OF OPHTHALMOLOGY

Are you a Member or Fellow of the AAO? No Yes
If no, are you planning on becoming a member of the AAO over the next year? No Yes

BRIEF DESCRIPTION OF CURRENT INTERESTS IN OCULAR INFLAMMATION (please completed this section- please do not write 'refer to CV')

Clinical Research: Basic Science Research:

PUBLICATIONS (Please attach updated copy of CV and bibliography)

List (or refer to # on bibliography) at least 2 publications primarily on uveitis or ocular inflammatory disease in refereed journals within last 4 years on which you were 1st or 2nd author).

1.

2.

LETTERS OF RECOMMENDATION

You must submit two letters of recommendation, from two individuals, ***at least one of whom must be a current member of the American Uveitis Society***. Please submit these letters WITH your application form. Please indicate the names and AUS membership status of each reference below:

1. _____AUS member: No Yes

2. _____AUS member: No Yes

Send completed application and all correspondence to:

Janet L. Davis, MD
900 N.W. 17th Street
Miami, FL 33136
TEL: 305-326-6377
FAX: 305-326-6071