



If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(13) List education and activities chronologically from high school to present:

FROM	TO	NAME OF SCHOOL	LOCATION	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(14) List any memberships in societies, professional organizations, or others: \_\_\_\_\_  
\_\_\_\_\_

(15) Do you have any hobbies that you enjoy? \_\_\_\_\_  
\_\_\_\_\_

(16) How did you hear about Orthoptics as a career? \_\_\_\_\_  
\_\_\_\_\_

(17) Why does the field of Orthoptics appeal to you? \_\_\_\_\_  
\_\_\_\_\_

(18) What other professions have you considered? \_\_\_\_\_  
\_\_\_\_\_

(19) Three letters of recommendation are required. List below the names of all of your references and ask them to write directly to: **Kyle Arnoldi, C.O., C.O.M.T., Attention: Orthoptic Program; 3580 Sheridan Drive, Suite 140, Amherst, NY 14226; [kylea@buffalo.edu](mailto:kylea@buffalo.edu)**

1. \_\_\_\_\_  
NAME ADDRESS

2. \_\_\_\_\_  
NAME ADDRESS

3. \_\_\_\_\_  
NAME ADDRESS

(20) Enclose with this application:

1. Recent Photograph (passport size)
2. Brief autobiographical sketch (less than 300 words) *written in handwriting of applicant*, on a separate sheet of paper.

- (21) Please forward:
1. College transcripts
  2. Three letters of recommendation

Check to see that all questions have been answered. Mail/fax/e-mail application and enclosures to Kyle A. Arnoldi, C.O., C.O.M.T., Attention: Orthoptic Program; 3580 Sheridan Drive, Suite 140, Amherst, NY, 14226.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_