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: _________
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