



## American Association for Pediatric Ophthalmology and Strabismus

### IMPORTANT NOTE:

According to AAPOS Bylaws (Article V), you must apply DURING your Fellowship year to be a Candidate-in-Training. Applications received AFTER the fellowship is completed will not be considered for Candidates-in-Training. If you did not apply during your Fellowship year, please [review the other membership categories](#) to determine if you are eligible. Please note that most require practice experience. The deadline posted on the Web site is firm for all except the Candidates-in-Training applications.

<b>Candidate-in-Training Application</b>	
<b>1. PERSONAL INFORMATION</b> 01-00	
<b>First Name &amp; Middle Initial *</b> 01-01	<input type="text"/>
<b>Last Name *</b> 01-02	<input type="text"/>
<b>Credential *</b> Example: MD, PhD, MBA, etc. 01-03	<input type="text"/>
<b>Email *</b> Please note: An acknowledgement of this application will be sent by email to the above address. This entry must be accurate; otherwise, no acknowledgement will be received. 01-04	<input type="text"/>
<b>2. PRIMARY OFFICE ADDRESS</b> 02-00	
<b>Office/Clinic/Institution*</b> 02-01	<input type="text"/>
<b>Office Street Address *</b> 02-02	<input type="text"/>
<b>Address, line 2</b> 02-03	<input type="text"/>
<b>City *</b> 02-04	<input type="text"/>
<b>State *</b> 02-05	<input type="text"/>
<b>Zip Code *</b> 02-06	<input type="text"/>
<b>Country *</b> 02-07	<input type="text"/>
<b>Office Phone *</b> (Please include area code / country code) 02-08	<input type="text"/>

Office Fax (Please include area code / country code) 02-09	<input type="text"/>
Cell / Mobile (Please include area code / country code) 02-10	<input type="text"/>
<b>3. Professional Information &amp; References</b> 03-00	
<b>College / University*</b> 03-01	<input type="text"/>
Start Date (month-year) * 03-02	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) * 03-04	Month: <input type="text"/> Year: <input type="text"/>
<b>College / University</b> 03-06	<input type="text"/>
Start Date (month-year) 03-07	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) 03-09	Month: <input type="text"/> Year: <input type="text"/>
<b>Medical or Osteopathic School *</b> 03-11	<input type="text"/>
Start Date (month-year) * 03-12	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) * 03-14	Month: <input type="text"/> Year: <input type="text"/>
<b>Internship *</b> 03-16	<input type="text"/>
Start Date (month-year) * 03-17	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) * 03-19	Month: <input type="text"/> Year: <input type="text"/>
<b>Residency *</b> 03-21	<input type="text"/>
Start Date (month-year) * 03-22	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) * 03-24	Month: <input type="text"/> Year: <input type="text"/>
<b>Fellowship Training *</b> 03-26	<input type="text"/>
Start Date (month-year) * 03-27	Month: <input type="text"/> Year: <input type="text"/>
End Date (month-year) * 03-29	Month: <input type="text"/> Year: <input type="text"/>
Is this position under the direction of an AAPOS/AUPO approved program? * 03-31	<input type="radio"/> Yes <input type="radio"/> No
<b>References</b> 03-31	
<b>Fellowship Director *</b> 03-32	<input type="text"/>
<b>Fellowship Director Email Address *</b> 03-33	<input type="text"/>
<b>Signature</b> 08-00	
<input type="checkbox"/> I understand my responsibilities as an applicant. I have reviewed my application and have provided accurate information. * 08-01	
Please enter your email address a 2nd time. It must	<input type="text"/>

match the address you entered  
in Question 01-04\*  
08-02

Submit

Submit = You will have the opportunity to review and edit your  
form entries.

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SAMPLE