



The Bascom Palmer Eye Institute, Department of Ophthalmology of the University Of Miami Miller School Of Medicine, in keeping with its commitment to global exchange, is pleased to provide a clinical observership program for ophthalmologists from around the world.

The Clinical Observership program for physician is open to international physicians including residents and fellows in institutions abroad. U.S. physicians may also participate if not currently enrolled in a U.S. residency program. **Please note that this program is not an elective rotation or a fellowship. This program is an observational tutorial which does not permit any direct patient care. To be accepted into the program you must have a good command of the English language.**

Clinical Observership for Physicians

- Duration of clinical observership can be from 2 days and up to 4 weeks
- Application requires three months for processing
- See attached application for required supporting documents
- Clinical Observers will need to obtain a B-1 or B-2 Visa (Tourist Visa)
- Non-refundable \$250 application fee
- At this time, there are no tuition fees for a clinical observership
- **Maximum visit: 4 weeks (no extensions)**

Observers visiting for longer than two weeks are required to carry \$250,000USD accident and sickness medical benefits maximum with a deductible \$250USD to \$500USD (Insurance company will pay 80% of the first \$5,000USD of eligible expenses, and the 100% of the remaining Eligible expenses), Emergency medical evacuation of \$25,000USD, Return of Mortal Remains - \$10,000USD, and Emergency Dental for accidents \$500USD. If you already have insurance with these coverage specifications, please submit copies of your policy along with your application form. **If you do not have the above coverage, you will be required to purchase insurance prior to your arrival at the Bascom Palmer Eye Institute.**

The application process begins once the potential observer submits his/her complete application (including all supporting documents) and an available date range has been identified with the CME Manager. The application and supporting documents are then forwarded to the service director of the sub-specialty that the potential observer identified he/she was interested in for approval. Once accepted, a signed letter of acceptance is sent to the observer.

Upon arrival, the observer meets with the service director to discuss his/her current interests. Typically, observers rotate with most of the faculty of the indicated sub-specialty in order to see many different physicians in practice. This process, however, varies by sub-specialty.

Thank you very much for your interest in the Bascom Palmer Eye Institute. We look forward to your visit.

Sincerely,

Karen Davila
Manager, Continuing Medical Education Bascom
Palmer Eye Institute

CLINICAL OBSERVERSHIP APPLICATION (PHYSICIANS ONLY)

PLEASE RETURN TO:

Karen Davila

Department of Continuing Medical Education

1400 NW 10th Avenue, Suite 508

Miami, FL 33136 bascompalmerobserverships@med.miami.edu

Tel (305) 326-6110

Fax (305) 326-6518

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Degree: _____ Male Female Birth date: _____ - _____ - _____
Month Day Year

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Language(s) spoken: _____ E-mail Address: _____

Telephone: _____ Fax: _____
(please include country code, city code)

EDUCATION/PROFESSIONAL INFORMATION

Medical School: _____ Graduation Year: _____

License #: _____ Date Issued: _____

Specialty: _____ Check if Board Certified: ☐

Hospital Affiliations: _____

OBSERVERSHIP PREFERENCES

Area of Interest: ☐ Cornea ☐ Glaucoma ☐ Neuro-Ophthalmology ☐ Oculoplastics

☐ Pathology ☐ Pediatrics ☐ Retina

Please provide preferred date ranges for your visit:

1. _____ to _____ 2. _____ to _____

3. _____ to _____ 4. _____ to _____

Required Attachments:

- ☐ Curriculum vitae
- ☐ Current photograph
- ☐ Non-refundable \$250 application fee
- ☐ Medical license renewal for current year – certified translation into English
- ☐ Letter of Intent indicating goals while in Observership Program (1 page max)

Bascom Palmer Eye Institute and University of Miami require 3 months to process Clinical Observer Applications

OBSERVERSHIP APPLICATION FEE
BASCOM PALMER EYE INSTITUTE
UNIVERSITY OF MIAMI/DEPT. OF OPHTHALMOLOGY

Last Name: _____ First Name: _____ Middle Initial: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Fax: _____
(please include country code, city code)

OBSERVERSHIP APPLICATION FEE: \$250

☐ Cashier's check in US dollars payable to University of Miami.
Please do not send personal checks or cash.

☐ Bill my credit card: ☐ American Express ☐ Visa ☐ MasterCard

NAME ON CARD

SIGNATURE

Cut and shred below the line after the credit card has been charged

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SECURITY CODE

EXPIRATION DATE