



## EMORY OPEN DOOR APPLICATION

First Name:

Last Name:

Primary Phone #:

Primary Email Address:

Mailing Address:

Name of Medical School:

Anticipated date of graduation:

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**Gender:**  Female  Male  Transgender  Prefer not to say

**Ethnicity:** Are you Hispanic or Latinx  NO  YES

**Race:** Choose all that apply (regardless of ethnicity)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander White

Other (please specify)

Are you a [first-generation college student](#)?  No  Yes

Did/do you attend a historically black college for undergraduate or medical school studies?

No

If "Yes", list school

If you are from a disadvantaged background\*, please describe. (250 words max):

\*Criteria for a Disadvantaged Background as defined by, *but not limited to*, the HRSA Bureau of Health Professions Workforce:

- Rural environment hometown (population approximately <10k),
- Educationally disadvantaged background: first generation college-educated, or
- Economically disadvantaged background: history of SNAP benefits, Medicaid, or has lived in public housing



**Emory Eye Center**  
1365B Clifton Road, NE  
Atlanta, Georgia 30322  
Phone 404-778-2020  
Fax 404-778-5128

Please briefly describe your reason for applying to the program and interest in Ophthalmology (400 words max):

**Required Documents:**

- Letter of support from an Ophthalmology faculty member at your home institution. This should be directly emailed to us from the author.
- Attach your curriculum vitae.

**Terms & Condition for All Participants** (your signature below indicates your acceptance):

- I agree to all the terms and conditions to the [Emory University School of Medicine Code of Conduct](#).
- I agree to participate in the rotation to which I have been accepted during the aforementioned date and the diversity program activities.
- I understand that this is an in-person rotation. I also understand that this experience does not guarantee an interview with the Emory University School of Medicine, Department of Ophthalmology Residency program.

**Student Signature & Date:**

**SUBMIT COMPLETED APPLICATION AND MATERIALS TO:**

**Emory Open DOOR Program - Diversity and Opportunity in Ophthalmology Rotation**  
Jane Kuhlenbeck jane.kuhlenbeck@emory.edu  
Associate Director of Programs- Global Ophthalmology  
Emory University Department of Ophthalmology