

**THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON
DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCE**

FELLOWSHIP DEFINITION AND REQUIREMENTS

A fellowship in the UTMSH Department of Ophthalmology and Visual Science is a clearly-defined program to provide additional ophthalmologic training. This may be either pre or post residency. There are three categories of fellowships:

1. Clinical (Licensed) - The fellow can actively participate in patient care in clinics and surgeries.
2. Clinical Observer (Unlicensed) - The fellow's participation in patient care is limited to observation only – NO PATIENT CONTACT.
3. Research - Non-clinical – NO PATIENT CONTACT

The following describes the requirements of a fellowship program affiliated with The University of Texas Medical School at Houston (UTMSH) Department of Ophthalmology and Visual Science. If these requirements are not met, the fellow will be ineligible for a Fellowship Certificate of Completion from this institution.

REQUIREMENTS

Documentation

United States Graduates: Before acceptance of a fellowship with one of the faculty of the department, the following must be on file in the Department office: 1) a completed Fellowship Application form, 2) current curriculum vitae, and 3) three letters of recommendation. Upon acceptance of a fellowship with one of the faculty members, the preceptor must then send a memo to the department chairman nominating the fellow and stating the particulars of the fellowship contract (see attached example). Clinical fellows who will participate in patient care must also submit a valid Texas license and evidence of malpractice insurance. If the prospective fellow does not have a valid Texas license, he/she must apply for an institutional permit. Appropriate paperwork for an institutional permit will be sent to the fellow from the UTHMS Graduate Medical Education (GME) Department. It takes a minimum of 45-60 days for an institutional permit application to be processed. The department chairman will review the documentation and endorse acceptable applications for acceptance as a fellow in the UTMSH Department of Ophthalmology and Visual Science. Issuance of a UT certificate is dependent upon satisfactory completion of all requirements written herein as well as specific requirements of the individual preceptor.

International Medical School Graduates (IMG): Before an IMG can be interviewed by the preceptor, the applicant must contact the Residency/Fellowship Coordinator to make an appointment to bring the following documents:

1. **Original** medical school diploma and two (2) notarized copies
2. **Original** translation of medical school diploma (if applicable) and two (2) notarized copies
3. **Original** medical school transcript and two (2) notarized copies
4. **Original** translation of medical school transcript (if applicable) and two (2) notarized copies
5. **Original valid** ECFMG certificate and two (2) notarized copies

All documents MUST BE ORIGINALS. Photocopies, certified copies, or notarized copies ARE NOT ACCEPTABLE. All notarized copies must be 8-1/2" x 11". The Texas Medical Board will reject any paperwork that is a different size.

Along with the above original documents, the following must be on file in the Department office: 1) a completed UTMSH Information Sheet for Fellowship Appointment form, 2) current curriculum vitae, and 3) three letters of recommendation.

ALL FELLOWS

If an institutional permit is to be used, the clinical practice will be limited by the permit restrictions (only duties specifically related to the fellowship are covered under the license). Surgery will be limited to approved hospitals and institutions as defined by the Texas Medical Board. Malpractice for fellows with an institutional permit is available through the University. The cost for the insurance will be billed to the preceptor. International fellows requiring assistance in obtaining a visa must contact the Office of International Affairs after the previous paperwork has been approved and forwarded by the GME Office.

CLINICAL FELLOWSHIP REQUIREMENTS

Clinical fellows will be required to give one half-day per week to the Department. This half-day may be to staff HCHD clinics or as otherwise requested. Where practical, patients will be scheduled to correspond to the appropriate subspecialty.

Fellow staffing of resident surgeries IS NOT ALLOWED. The scope of surgical privileges will be determined by the preceptor and is subject to the approval of the department chairman. It is expected that these surgeries will be primarily in the corresponding subspecialty.

Call Availability

Because of the variable needs of the various subspecialty services, a master call schedule is not determined. Fellows will be expected to be available as required by the Fellowship Program Director.

Program Participation

Fellows must actively attend and participate in the Hermann Eye Center/UTMSH Department of Ophthalmology and Visual Science program. The fellow will prepare a paper for possible presentation at the Annual Ophthalmology and Visual Science Meeting held in June. The fellow is expected to attend a **minimum** of 75% of all lectures and conferences in his/her fellowship subspecialty and 50% of all Grand Rounds, Ethics Rounds, Case Conferences, and Journal Club. The signed attendance sheet is the official record of attendance, and the fellow is personally responsible for signing in at all conferences. Failure to attend the required number of conferences will result in ineligibility for a certificate of completion from UTMSH.

All requirements including required staffing, taking call as requested, and minimum conference attendance must be met in order for a fellow to earn an official UTMSH certificate of completion from the Department of Ophthalmology and Visual Science.

Acknowledgment

I have read and understand the above requirements and wish to pursue a fellowship from The University of Texas Medical School at Houston Department of Ophthalmology and Visual Science.

Fellow Signature: _____

Date: _____

Printed Name of Fellow: _____

Preceptor Signature: _____

Date: _____

Printed Name of Preceptor: _____