POM Application

Thank you for your interest in applying for the Pediatric Ophthalmology Mentorship (POM) Program.

POM is dedicated to inspiring and supporting the next generation of pediatric ophthalmologists through comprehensive mentorship, education, and research opportunities. Our mission is to cultivate a passionate and skilled workforce committed to advancing children's eye health and adult strabismus to address the critical shortage of pediatric ophthalmologists. Our aim is to empower medical students, making them competitive applicants for the ophthalmology match by providing them with the necessary tools, knowledge, and experiences to excel in this specialty. Students receive one-on-one mentorship, valuable guidance in medical career planning, networking opportunities and access to a variety of educational resources.

Applicant Characteristics

First and Last Name

What is your gender?

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Prefer not to say

Preferred Email Address

Non-Institutional Email Address (we will contact you on your preferred address, but request this so we can keep in touch with you after you graduate)

Phone Number

Do you identify as under-represented in medicine (URiM)? This is defined as individuals who identify as Black or African American, Hispanic or Latino, and/or Native American (American Indian/Alaska Native/Native Hawaiian).

- ○ Yes
- ○ No
- ○ Prefer not to say

Have you applied to POM in the past?

- ○ Yes
- ○ No

Are you a mentee in the AAO VISION Program?

- ○ Yes
- ○ No

Medical School Characteristics

What medical school do you attend?

Where is your medical school located (City, State)?

What type of medical school do you attend?

- Allopathic
- Osteopathic

What year did you start medical school?

What year do you anticipate graduating from medical school?

Does your medical school have a department of ophthalmology?

- No
- Yes
- Unsure

Does your medical school have a pediatric ophthalmologist on faculty?

- No
- Yes

- ○ Unsure

Does your medical school have a pediatric ophthalmology fellowship?

- ○ No
- ○ Yes
- ○ Unsure

Pediatric Ophthalmology Interest

Why are you interested in pediatric ophthalmology? (250 words or less)

Describe any previous experience or exposure you have had in pediatric ophthalmology including clinical rotations, research, volunteer work, etc. It's ok if the answer is none! (250 words or less)

How do you believe this mentorship program will help you achieve your career goals in pediatric ophthalmology? (250 words or less)

Program Agreement

I understand that this application is for a mentorship program specifically focused on pediatric ophthalmology, and I affirm my genuine interest in pursuing a career in this field.

- ○ I agree

If accepted, I agree to commit to the programming and expectations of the mentorship program, including participation in all required activities and meetings.

○ I agree

Curriculum Vitae (CV)

Please upload a copy of your curriculum vitae (CV) as a pdf.