



*Enhancing Neurological Recovery  
Through Vision Rehabilitation*

# FELLOWSHIP PROGRAM INQUIRY

Please fill out the form below and send it, as an attachment, directly to  
NORA Fellowship Committee Chair at [FNORAofficial@gmail.com](mailto:FNORAofficial@gmail.com).

Name: \_\_\_\_\_

Profession: \_\_\_\_\_  
(Optometrist, MD, OT, PT, DC, etc.)

City, State/Province: \_\_\_\_\_

Country: (if not USA): \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: ( ) - \_\_\_\_\_

Are you currently a NORA Member?    Yes    No

Have you submitted your NORA Fellowship Application?     Yes     No

QUESTION: