

Medical Student Summer Rotation Application
Ocular Oncology Service at Wills Eye Hospital



Summer Session One
June 5, 201; - July 14, 201;

The medical student summer rotational program at the Ocular Oncology Service of Wills Eye Hospital is a competitive and extensive program that will expose students to various topics in the highly specialized field of ocular oncology under the guidance of world-renowned doctors. Students will shadow doctors in the clinic and operating room. Exposure to a fast-paced clinic will allow the students to gain vast amounts of knowledge. Additionally, students will have the opportunity to present a mystery case to their peers. Those interested in the field of ocular oncology are encouraged to apply.

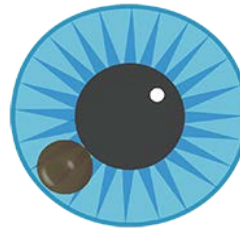
Application Deadline: March 4; , 201;



Medical Student Summer Rotation Application

Ocular Oncology Service at Wills Eye Hospital

Summer Session One: 6/5/1; to 7/14/3;



**SHIELDS &
SHIELDS** PC
OCULAR ONCOLOGY

Please fill out form below and send completed copy to sandy@shields.md :

1. CV Attached (check one): Yes No

2. Headshot Attached (check one): Yes No

3. _____
Last Name First Name MI

4. Email: _____

5. Phone: _____

6. Date Start – Date End [mm/dd/yyyy]: _____

- *The following form is for Summer Session One (June 5, 201; to July 14, 201;)*
- *If you require more time please contact Sandra at sandy@shields.md. If you are interested in a later time, please visit www.fighteyecancer.com/doctor-resources to find our Summer Session Two application.*

7. Undergraduate University: _____

City: _____

8. Completed Year as of June 201; (check one): 1 2 3 4

9. Have you completed a summer rotation with the Ocular Oncology Service in the past? Yes No

- If yes, what year did you complete your previous rotation? _____

10. How did you hear about this opportunity? Please mention referring names:

11. Do you have a relative in the field of ophthalmology? Yes No

- If yes, please list name and practice name: _____

12. In **100 words or less** please explain your interest in ocular oncology and ophthalmology in the space below:

13. Please use the space provided below for any additional comments:

Signature: _____

Date: _____