

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



*Summer Session Two*  
*July 15, 2019 - August 23, 2019*

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.

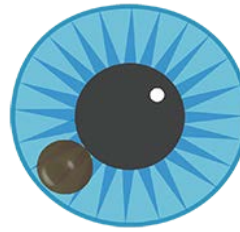
*Application Deadline: February 29, 2019*



# Medical Student Summer Rotation Application

Ocular Oncology Service at Wills Eye Hospital

Summer Session Two: 7/15/19 to 8/23/19



**SHIELDS &  
SHIELDS** PC  
OCULAR ONCOLOGY

Please fill out form below and send completed copy to [sandy@shields.md](mailto: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 Two (July 15, 2019 to August 23, 2019)*
- *If you require more time please contact Sandra at [sandy@shields.md](mailto:sandy@shields.md). If you are interested in an earlier time, please visit [www.fighteyecancer.com/doctor-resources](http://www.fighteyecancer.com/doctor-resources) to find our Summer Session One application.*

7. Undergraduate University: \_\_\_\_\_

City: \_\_\_\_\_

8. Completed Year as of June 2019 (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: \_\_\_\_\_