

Application for Fellowship:
OCULAR ONCOLOGY

WILLS EYE HOSPITAL
Affiliated with Jefferson Medical College
of Thomas Jefferson University

Full Name	Date & Place of Birth
Social Security Number	
Present Address & Phone	Permanent Address & Phone:

Dates of Appointment Preferred	Start	Finish
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	Name of School	City & State	Dates Attended	Degree
Undergraduate				
Medical				
Other				

National Boards	Date	Score
Part I		
Part II		
Part III		

Internship (name of hospital, city and state, and dates)	
Other Professional Experience (institutions, titles held, and dates)	
Previous Training in Ophthalmology	
Academic Honors, Scholarships, Fellowships, Publications	

United States Citizen ____	Other (specify and indicate type of visa held):	
Foreign Medical Graduates – ECFMG Examination (If applicable)		
Date taken	Scaled Score	Certificate #

Single ____	Married ____	Spouse's Name:	# of Children:
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Date of Application	Signature of Applicant
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* Letters of recommendation should be sent by at least three professional associates.

* Please attach a 2x2 photo.

Submit this application and CV to:

Sandra Dailey c/o Dr. Carol Shields and Dr. Jerry Shields, Wills Eye Hospital, Oncology Service, 840 Walnut Street, Suite 1440, Philadelphia, PA 19107 sandy@shields.md

