Application for Fellowship: OCULAR ONCOLOGY

WILLS EYE HOSPITAL

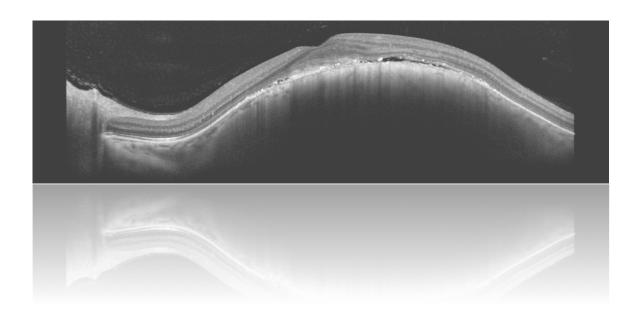
Affiliated with Jefferson Medical College of Thomas Jefferson University

Full Name				Date & Place of Birth					
Social Security Number									
Present Address & Phone				Permanent Address & Phone:					
Dates of Appointment Preferred Start			art			Finish			
	Name of School		Ci	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		Othe	Other (specify and indicate type of visa held):						
Foreign Medical Graduates – ECFMG Examination (If applicable)									
Date taken			Scaled Score		Certificate #				
Single	Married	Spous	se's Name:		# of Children:				
Date of Application				Signature of Applicant					

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



^{*} Letters of recommendation should be sent by at least three professional associates.

^{*} Please attach a 2x2 photo.