# Wills Eye Hospital

## FELLOWSHIP APPLICATION

**Submit applications to Department Service Chief, Wills Eye Institute, 840 Walnut Street, Philadelphia, PA 19107.**

Please attach a CV, a one page brief statement of your general professional goals, proposed objectives during period of fellowship, and details of particularly relevant previous experience. Letters of recommendation should be sent by at least three professional associates (one to include Department Chair and/or Director of Residency Program).

**Attach Photo (2" x 2")**

**Last Name** _____

**First Name** _____ **Middle Initial** _____

**Fellowship Desired:** _____

**Dates of Appointment Preferred:** _____

**Permanent Address:**

**Street** _____

**Town** _____ **State** _____ **Postal Code** _____ **Country** _____

**Email Address:** _____

**Phone:** _____ **Social Security Number:** _____

**Date of Birth:** _____ **Place of Birth:** _____

**Premedical and Medical Education:** (Forward transcripts from undergraduate and medical school)

| **Undergraduate School** | **City/State** | **Dates Attended** | **Degree** |
|---|---|---|---|
| | | | |
| **Medical School** | **City/State** | **Dates Attended** | **Degree** |
| | | | |

**National Boards:** **Part I-Date**_____ **Score**_____ **Part II- Date**_____ **Score**_____ **Part III- Date**_____ **Score**_____

**Internship:** _____
**Hospital** **City/State** **Dates**

**Other Professional Experience:** (list on separate sheet if needed)

**Institution**_____ **Title** _____ **Dates** _____

**Previous Training in Ophthalmology:** _____

**Academic Honors, Scholarships, Fellowships, Publications:** (list on separate sheet if needed)

_____

**Medical Licensure:** _____ (Unrestricted license to practice in medicine and surgery in PA essential before beginning fellowship)
**State** **Date** **License #**

**Citizenship:** _____**U.S. citizen** **Other** _____ (specify country and indicate type of visa held)

**Foreign Medical Students: ECFMG Examination** (if applicable) _____
**Date Taken** **Scaled Score** **Certificate Number**

**Signature of Applicant:** _____ **Date:** _____