## Application for Fellowship: OCULAR ONCOLOGY

## WILLS EYE HOSPITAL

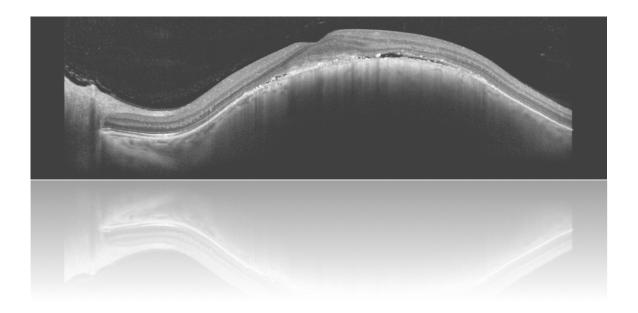
Affiliated with Jefferson Medical College of Thomas Jefferson University

Full Name				Date & Place of Birth					
Social Security Number									
Present Address & Phone				Permanent Address & Phone:					
Dates of Appointment Preferred Start						Finish			
	Name of	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		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 <a href="mailto:sandradailey@shieldsoncology.com">sandradailey@shieldsoncology.com</a>



<sup>\*</sup> Letters of recommendation should be sent by at least three professional associates.

<sup>\*</sup> Please attach a 2x2 photo.