



# Wills Eye Hospital

America's First World's Best

Attach 2" X 2"  
photo

## Application for Neuro-ophthalmology Fellowship

Neuro-ophthalmology \_\_\_\_ Skull Base Surgery \_\_ Dates of Fellowship preferred \_\_\_\_\_

Full Name: \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

US Citizen \_\_\_\_\_ Other (specify type of visa) \_\_\_\_\_ Social Security number \_\_\_\_\_

Current Address \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone number \_\_\_\_ ( ) \_\_\_\_\_

email \_\_\_\_\_

Marital Status \_\_\_\_ Single \_\_\_\_ Spouse's Name \_\_\_\_\_ Number of children \_\_\_\_

Premedical & Medical Education (have transcript forwarded from medical school)

Undergraduate School \_\_\_\_\_ City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Medical School \_\_\_\_\_ City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Internship (name of hospital, city and state) \_\_\_\_\_

Residency training \_\_\_\_\_

Other professional experience (institutions, title held, and dates) \_\_\_\_\_

Academic Honors, Scholarships, Fellowships, Publications \_\_\_\_\_

Medical License # \_\_\_\_\_ State \_\_\_\_\_ (An unrestricted Pennsylvania license is required prior to the start of the fellowship)

Foreign medical Graduates: ECFMG and/or VQE Examination: Date of exam \_\_\_\_\_ Scaled Score \_\_\_\_\_

Certificate number \_\_\_\_\_

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Submit application to Neuro-ophthalmology Service Chief, Wills Eye Hospital, 840 Walnut Street, Suite 930, Philadelphia, PA 19107. Attach a brief statement of your general professional goals, proposed objectives during the period of fellowship and details of particularly relevant previous experience. A minimum of three letters of recommendation from professional associates are required to complete the application.