**THOMAS JEFFERSON UNIVERSITY & HOSPITALS**

**DEPARTMENT OF RADIATION ONCOLOGY**

**SUMMER EXTERNSHIP**

The Department of Radiation Oncology at Thomas Jefferson University & Hospitals in Philadelphia, Pennsylvania, offers the annual Summer Externship in Radiation Oncology. This externship was established to expose medical students to the discipline of radiation oncology and provides students each year with the opportunity to spend **a minimum of six weeks** in our Radiation Oncology Department working on a research project and participating in clinical and educational activities. The start and end dates will be determined with the students after the selection process but must occur between June and August. Every fall, our department hosts a research symposium highlighting our department's success in research. Here, students will be able to highlight the summer research experience. Students are expected to return to Jefferson for the poster session, where posters are judged, and awards are presented.

General program requirements:

* Medical students in the summer between their MS1 and MS2 years.
* Students are required to conduct research on-site in the Department of Radiation Oncology in Center City Philadelphia for at least 6-8 weeks. We are unable to accommodate virtual research options, nor a term shorter than 6 weeks.
* Students are expected to present their research at the annual Department of Radiation Oncology Research Symposium, which takes place in the fall, following the summer externship.

.

Selected summer students will be provided with a stipend to defray costs (paid at the end of the externship). We are not able to offer any assistance with travel, housing, meals, or other expenses.

To Apply send the following in one pdf file:

1. The application
2. Your CV
3. A copy of your transcript (can be unofficial)

Applications are due on or before February 14th, 2025 to: sara.burke@jefferson.edu

**THOMAS JEFFERSON UNIVERSITY & HOSPITALS DEPARTMENT OF RADIATION ONCOLOGY**

**SUMMER EXTERNSHIP IN RADIATION ONCOLOGY APPLICATION**

|  |  |
| --- | --- |
| **NAME:**  |  |
| **E-MAIL ADDRESS:**  |  |
| **CELL PHONE:** |  |
| **ADDRESS:**  |  |
| **PERMANENT ADDRESS:**  |  |

**DEMOGRAPHICS SURVEY:**

1. **Please select your age:**
	1. [ ] Under 20 [ ] 21-25 [ ] 26-30 [ ] 31-35 [ ] Over 35
2. **Please select your gender identity:**
	1. [ ] Female [ ] Male [ ] Gender neutral/non-binary [ ] Other
3. **Please select your race:**
	1. [ ] Asian or Asian American [ ] Black or African American
	2. [ ] Hispanic or Latino [ ] Hawaiian or Pacific Islander
	3. [ ] Middle Eastern or North African [ ] Native American
	4. [ ] White [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Please select all languages you are fluent in:**
	1. [ ] English [ ] French [ ] Hindi [ ] Mandarin [ ] Spanish
	2. [ ] Other (please specify)
5. **Please select the type of town you grew up in:**
	1. [ ] Rural [ ] Small town [ ] Suburbs [ ] City
6. **What type of home did you primarily grow up in?**
	1. [ ] Government subsidized housing [ ] Apartment
	2. [ ] Townhome [ ] House
7. **Please select all who lived in your household growing up:**
	1. [ ] Mother [ ] Father [ ] Grandparent(s)
	2. [ ] Sibling(s) [ ] Extended family member(s)
	3. [ ] Other (please specify)
8. **What is your mother’s highest level of education?**
	1. [ ] Less than high school diploma [ ] High school diploma or equivalent
	2. [ ] Some post-secondary education [ ] Associate’s degree
	3. [ ] Bachelor's degree [ ] Master’s degree
	4. [ ] Professional degree (M.D., Ph.D., J.D., Parm. D., etc.)
9. **What is your father’s highest level of education?**
	1. [ ] Less than high school diploma [ ] High school diploma or equivalent
	2. [ ] Some post-secondary education [ ] Associate’s degree
	3. [ ] Bachelor's degree [ ] Master’s degree
	4. [ ] Professional degree (M.D., Ph.D., J.D., Parm. D., etc.)
10. **What is your own highest level of education?**
	1. [ ] Bachelor's degree [ ] Master’s degree
	2. [ ] Professional degree (Ph.D., J.D., Parm. D., etc.)
	3. [ ] What is the degree in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **Please select the type of undergraduate degree you received:**
	1. [ ] Arts (BA) [ ] Engineering (BEng) [ ] Fine Arts (BFA)
	2. [ ] Nursing (BSN) [ ] Science (BS) [ ] Other (please specify)
12. **When did you have your first job?**
	1. [ ] High School [ ] After High School [ ] College
	2. [ ] After College [ ] After graduate degree
13. **Have you done research prior to applying to the summer externship program?**
	1. [ ] Yes
	2. [ ] No
14. **Please state your oncology subspecialty that you would like to pursue for this experience. Please choose one unless you have two that you are interested and rank #1 for your most preferred and #2 for your next most preferred.**
	1. [ ]  Medical Oncology
	2. [ ]  Radiation Oncology
	3. [ ]  Surgical Oncology/Oncology Surgery Subspecialities

**MEDICAL SCHOOL INFORMATION**

**MEDICAL SCHOOL:**

**I AM COMPLETING MY FIRST YEAR OF MEDICAL SCHOOL ON: (please be specific) \_\_\_\_\_MONTH \_\_\_\_\_ Day \_\_\_\_\_YEAR**

**EXPECTED GRADUATION DATE:**

**Summer break dates – please be specific:**

**Start:**

**End:**

Please provide the names, e-mail addresses and phone numbers of (a) a Radiation Oncologist you have worked with and (b) a faculty member from your medical school whom we can contact for references. If you have not yet worked with a Radiation Oncologist, please supply contact information for two Faculty Members.

**Radiation Oncologist:**

**E-mail Address:**

**Phone:**

**Faculty Member:**

**E-mail Address:**

**Phone:**

**Please explain, in 300 words or less, 1) why you are interested in radiation oncology, 2) why you would like to participate in the Jefferson Radiation Oncology Summer Program and 3) if you have a specific project research interest that you would like to develop.**

**Please explain, in 300 words or less, how your lived experiences may impact your perspective on cancer care.**