



**THOMAS JEFFERSON UNIVERSITY**

**DEPARTMENT OF RADIATION  
ONCOLOGY**

**SIMON KRAMER EXTERNSHIP**

**2023**



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

**2023 SIMON KRAMER EXTERNSHIP  
APPLICATION**

The Department of Radiation Oncology at Thomas Jefferson University & Hospitals in Philadelphia, Pennsylvania, offers the annual Simon Kramer Society Externship in Radiation Oncology. This externship was established to expose medical students to the discipline of radiation oncology and provides up to two students each year with the opportunity to spend six weeks in our Department working on a research project and participating in clinical and educational activities. You must be a first or second-year student in good standing in an accredited United States Medical School to be considered for this externship. The start and end dates will be determined with the students after the selection process but must occur between June and August.

We are able to provide each extern with a \$1,500.00 stipend which will be paid at the end of the externship. We are not able to offer any assistance with travel, housing, meals, or other expenses. There may be an opportunity for accommodation on the Jefferson campus during the externship (which we can help you explore), but this is also at the student's expense.

When applying, students should indicate whether they wish to pursue a research project in medical physics, molecular radiation biology, or clinical radiation oncology.

Students should complete the attached application and return it along with a copy of their CV to Phyllis E. Lewis on or before February 17, 2023, at: [phyllis.lewis@jefferson.edu](mailto:phyllis.lewis@jefferson.edu)

You should also contact Ms. Lewis at #215-955-5669 with any questions concerning the externship.



**THOMAS JEFFERSON UNIVERSITY & HOSPITALS  
DEPARTMENT OF RADIATION ONCOLOGY  
2023 SIMON KRAMER EXTERNSHIP IN RADIATION ONCOLOGY  
APPLICATION**

**NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MEDICAL SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**I AM A:**                    \_\_\_\_\_ **First Year Student**    \_\_\_\_\_ **Second Year Student**

**EXPECTED GRADUATION DATE:** \_\_\_\_\_

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:** \_\_\_\_\_



**What type of research project would you like to do?**

- Clinical Radiation Oncology**
- Medical Physics**
- Molecular Radiation Biology**

**Please explain, in 200 words or less, why you would like to participate in this externship in Radiation Oncology. If you have a specific project in mind that you would like to develop, please explain your proposed project in 200 words or less.**