



**OHSU School of Dentistry
Oral & Maxillofacial Surgery
Externship Application**

Date _____

Full Name _____

Email Address _____

Phone Number _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Home Institution _____

Current Year in Dental School: DS3 DS4

Requested Dates (1 week; Monday – Friday)

	Start Date	End Date
1 st Choice:		
2 nd Choice:		

Associate Dean for Academic Affairs (or your school's equivalent)

Name and Title _____

Email Address _____

Signature of Applicant

Date

Application Materials Checklist:

- ☐ Application
- ☐ Personal statement
- ☐ CV
- ☐ CBSE score report, if available
- ☐ Class rank, if applicable
- ☐ Letter of recommendation
- ☐ Malpractice insurance coverage
- ☐ Immunization record