



Oral and Maxillofacial Surgery Internship Application

Date _____

I. Demographic Information

Full Name _____

Home Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from home address) _____

City _____ State _____ Zip Code _____

Phone Day () _____ Evening () _____

E-mail Address _____

Citizenship (if not U.S., give visa status and enclose copy) _____

Date of Birth (optional): _____ Gender (optional) Male Female

Ethnicity (optional) White or Caucasian Black/African American Hispanic Asian/Pacific Islander Other

II. Undergraduate/Graduate Education (Attach separate sheets for sections where necessary)

List all undergraduate colleges, universities, as well as graduate schools you have attended, including dates of attendance.

College or University	Dates of attendance	Major	Degree received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Professional Dental Education

a. List all dental schools you have attended, including dates of attendance.

School	Dates of attendance	Degree received or anticipated and date	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

National Dental Board Scores Pt. I _____ Pt. II _____

b. Indicate any postgraduate programs you have attended, including internships and residencies.

School or Hospital	Dates of attendance	Program	Certificate or degree received
_____	_____	_____	_____
_____	_____	_____	_____

c. List any academic distinctions, fellowships, scholarships, awards or prizes obtained in college, graduate or dental school, or subsequently.

d. Indicate whether you have had any research or teaching experience.

e. List any scientific or clinical publications, abstracts or presentations given at meetings of scientific or dental societies.

f. If your education to date has not been continuous, please give details, including dates.

g. List extracurricular activities, including hobbies and interests.

h. Were you employed during dental school? _____ How many hours per week? _____

Company/Employer _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

Immediate Supervisor _____

i. Military or Public Health Service (if applicable)

Service or branch _____

Date of entry _____ Date of discharge _____

Rank held _____ Distinctions _____

j. How did you hear about our program? Please give name of individual who referred you to our program (if applicable) so we may thank him/her. _____

IV. Provide an applicant essay in which you discuss your reasons for seeking postdoctoral general dentistry education and specifically why you applied to this residency. Also include information regarding your immediate and long range goals, characteristics that would make you a good resident, etc. (**Essay should be no longer than one page**)

V. Give the names and contact information of the three individuals from whom we will receive letters of recommendation. At least two of these individuals should be faculty at your dental school or residency program.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Day () _____ Evening () _____

E-mail Address _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Day () _____ Evening () _____

E-mail Address _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Day () _____ Evening () _____

E-mail Address _____

All school transcripts and letters of recommendation should be forwarded directly from the registrar's office or reviewer to the address below. Applicant may forward all other materials directly.

Jamie Smith
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AH Department of Oral Medicine/ Oral &
Maxillofacial Surgery
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Director, Oral and Maxillofacial Surgery Internship
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