



**OHSU School of Dentistry
Pediatric Dentistry
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 or Employee/ Owner in private practice

Requested Dates (Externship participation time: 1 day, Monday. The program offers two Mondays monthly, dates must be confirmed by program director)

| | Start 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
- Immunization record