

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER
AT SAN ANTONIO - DENTAL SCHOOL**

**Visiting Predoctoral Dental Students
Application for Externship**

Date of Application _____

Student's Name _____ Gender _____ Date of Birth _____

Mailing Address _____

E-mail Address _____

Work Phone Number _____

Dental School in which enrolled _____

Address _____

Current Status as Student: __DS 1 __DS 2 __DS 3 __DS 4

Citizenship Status _____

Name of Associate Dean for
Academic Affairs or Equivalent _____

Telephone Number _____ FAX Number _____

Name of Externship Requested _____

Number of Weeks Requested _____

Beginning (date) _____ and ending (date) _____

Please briefly describe your reasons for wanting to attend this externship: _____

Please initial one:

- 1. I will bring proof of valid dental malpractice insurance from my school making me eligible for participation in an externship.
- 2. If accepted for an externship, I will apply for dental malpractice insurance through ASDA by calling 800-282-0593, extension 4173.

Please initial each of the following statements after you have read and understand them:

- 1. I understand that a sanction/background check will be completed prior to the beginning of my Externship.
- 2. I understand that I will not be required to pay tuition.
- 3. I understand that I am responsible for my own travel, room, board and personal expenses including medical and dental, and that the Health Science Center does not have dormitory facilities.

Signature of Applicant _____

Complete the application and fax or mail to: UT School of Dentistry
Department of Comprehensive Dentistry
AEGD Program
Attn: Lupita Gomez
8210 Floyd Curl Drive, MC 8103
San Antonio, Texas 78229-3923
Telephone Number: (210) 450-3273
FAX Number: (210) 450-2223

For UTHSCSA Use Only:

- We can accept the student at the time requested.
- We cannot accept the student for an externship.
- We cannot accept the student at the time requested but the student could attend (alternate time) _____

Signature of externship director _____

Date _____