

Professional experience since Dental School Graduation: _____ From: _____ To _____ Dates: _____

Academic appointments: _____ From: _____ To _____ Dates: _____

Professional Societies: _____ From: _____ To _____
_____ To _____

Honors or awards or special recognition received while in College or Dental School:

Publications (If additional space is needed, please use separate sheet of paper)

I have requested that the following be sent directly to UTHSCSA/Office of External Affairs.
Original report from the Educational Testing Service (ETS) taken within the past year. (check appropriate box)
 TOEFL Exam – computer based version Date taken _____ score _____
 TOEFL Exam – paper based version Date taken _____ score _____
 TOEFL Exam – internet based version Date taken _____ score _____

In your opinion:
Your comprehension of English is: Excellent Good Fair Poor
Your writing of English is: Excellent Good Fair Poor
Your speaking of English is: Excellent Good Fair Poor

Additional information required to complete your application:

1. An up-to-date **official transcript** sent directly to this institution from the Transcript Translation Service)
2. An official copy of your Dental School Diploma.
3. GRE taken (if applicable) **Yes** **NO**; GRE Score: _____;
4. National Boards taken/passed: Part I **Yes** **NO**; Part II **Yes** **NO**;
5. **Proof of Health Insurance; Proof of Immunizations/English**
6. Letter of recommendation from: Dean of your Dental School, Program Director, or Mentor/Advisor
7. If international student, type of Visa _____; Visa Expiration Date _____
8. If international student, Passport #; _____ Passport Expiration Date _____

Mailing address for this application, transcript, letter of recommendation, TOEFL Score, immunization records and other supporting documents listed above as well as future correspondence regarding this application:

The University of Texas Health Science Center at San Antonio
Developmental Dentistry- Division of Orthodontics
7703 Floyd Curl Drive - MSC 77888
San Antonio, Texas 78229-3900
telephone number: (210) 567-3510

Best day and time for phone interview? _____
Please provide a phone number for interview if different from number listed above _____

Signature of applicant _____

Date: _____

INTERNSHIP STUDENT IMMUNIZATION RECORD

Internship students who have contact with patients must certify that they have met the immunization requirements of UTHSCSA dental students/interns/preceptors/residents. **Provide documented proof.**

I certify that I have had the following immunizations and have enclosed copies of my immunization records:

1. A series of immunizations with Hepatitis B vaccine with positive post-vaccine antibody testing results.
2. A booster shot of Diphtheria-Tetanus within the past ten years.
3. Measles, or have received immunization for measles. (For individuals born after January 1, 1957)
4. Mumps, or have received immunizations for mumps. (For individuals born after January 1, 1957)
5. Rubella, or have received immunization for rubella.
6. Proof of immunity to Varicella (chicken pox)
7. Results of Tuberculosis test (TB).
8. Meningitis Vaccine

The responsibility of the payment for the vaccines resides with the student.

Name _____

Signature _____

Date _____

N.B. Security Background checks are required for all employees and students, including visiting students of the University; prospective students will be required to arrange and pay for a criminal background check to be conducted by Certified Background (a division of Castle Branch, Inc). The criminal background check form is enclosed with this application as well as the **Authorization to Access Criminal Background Search Information** form which the Intern applicant must sign and return with the Internship application.