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

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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

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*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