

**The University of Texas Health Science Center at San Antonio**

**DENTAL SCHOOL INTERNSHIP PROGRAMS**

**APPLICATION DEADLINE: October 1, 2018**

**APPLICATION FOR ADMISSION**

**2018-2019**

This application should be typed or completed in black ink. Date of application:

**Recent Photograph Requested**

**(Place Here)**

Projected entry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship program for which you are applying:

□Endodontics □ Oral & Maxillofacial Radiology □ Oral & Maxillofacial Surgery □ Orthodontics □ Pediatric Dentistry

Name: (Family name) (First name) (Middle name)

Date of Birth: Place Of Birth:

Citizen of what country? Email address

Home Address: Phone:

Work Address:

Phone: During Hours: To: Preferred mailing address: □ Home □ Business

Name of Spouse: Marriage Date:

Name(s) of Children:

Date(s) of Birth:

College:

Dates: Diploma:

Dental School:

Dates: Diploma:

Other formal education (Internship, Residency, Postgraduate, or Graduate):

Dates: Diploma:

Professional experience since Dental School Graduation: Dates:

From: To

Dates:

Academic appointments:

Professional Societies:

From: To Dates:

 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 □ N0; GRE Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_;

4. National Boards taken/passed: Part I □ Yes □ N0; Part II □ Yes □ N0;

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 Diptheria-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.