



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     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. Letters 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  
Office of the Dental Dean - External Affairs  
7703 Floyd Curl Drive - MSC 7906  
San Antonio, Texas 78229-3900

Telephone #: (210) 567-3173

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.