**APPLICATION FOR OMS EXTERNSHIP**

NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (School)

E-MAIL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL BACKGROUND:

College/University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Awards

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_

Class Rank

1st Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Externship – Inclusive dates ranked in order of preference:

January \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ July \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

February \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ August \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

March\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ September \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

April \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ October\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. November\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

June \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. December\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return / email application and supporting information to the following address:

Submit:

* This application
* Personal statement
* Letter of academic good standing
* Curriculum vitae
* Letter from current school verifying malpractice coverage

Dale A. Baur DDS

Dab34@case.edu