CASE WESTERN RESERVE UNIVERSITY
School of Dental Medicine

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

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