

**University of Washington School of Dentistry
Department of Restorative Dentistry**

OBSERVATIONAL EXTERNSHIP APPLICATION

(fillable PDF- form cannot be saved; please complete and print form.)

1. PROGRAM FEES:

Graduate Prosthodontics Observational Externship Program (courses, lectures, clinical observations, and/or research study)	\$2,000/week \$5,000/month \$9,000/quarter (three months) \$16,000/six months/two quarters \$30,000 /year/four quarters
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2. PERSONAL INFORMATION:

Name (Last):	First:	Middle:
Current Academic Title:	Current Employer (Department, School, University or Hospital):	
Mailing Address:	E-Mail:	
	Work Phone:	
	Home Phone:	
	Cell Phone:	
	Fax Number:	

3. COLLEGE EDUCATION:

Name of Institution	Location	Degree	Date

4. ENGLISH PROFICIENCY

Number of years you have studied English?	_____year(s)		
Have you ever taken a TOEFL test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Taken:	Score:
Other standard English Tests:	Name:	Date Taken:	Score:

5. PROPOSED VISIT DATES

Start Date of Visit:	End Date of Visit:
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6. PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

Required Attachments: *(all in PDF format; no paper forms accepted)*

- Curriculum Vitae
- Statement of Purpose: *(It should be a statement of intent that outlines your goals for your visit to Graduate Prosthodontics Observational Externship Program.*
- Two letters of recommendation *(Letters should come from faculty or other professionals in dentistry who can best evaluate you for a positive experience. The letters should be addressed Dr. Van Ramos, Director of Graduate Prosthodontics Program.*

7. Please complete and **print** application form. Then send the application and attachments electronically (pdf formant only) to:

Graduate Prosthodontics Observational Externship Program, Restorative Dentistry
E-mail Address: eq25@uw.edu