

**University of Washington School of Dentistry
Department of Oral Medicine**

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

1. PROGRAMS AND FEES:

Please check program interest.

One Week
\$2,000

Four Weeks
\$5,000

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. Faculty Mentor:

UW Radiology faculty member you would like to work with (if known):

(NOTE: We will assign faculty mentors on the basis of faculty availability, and will try to match a faculty member with your study proposal/interest.)

7. 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 Oral Maxillofacial Radiology. In short, why do you want to visit and why is the UW Department of Oral Medicine Radiology Division a preferred site to attain your goals.)*

- Two letters of recommendation *(Letters should come from faculty or other professionals in dentistry who can best evaluate you for a positive experience in the United States. The letters should be addressed to the Observational Externship Coordinator, Dr. Peggy Lee.*

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

Dalila Sebring, Program Assistant
E-mail Address: dalila@uw.edu