

Dear Prospective OMS Extern;

Thank you for requesting information concerning the University of Washington OMS extern /visitor program. We offer a one week (Monday through Friday) observational visit opportunity.

During the extern week, you will observe the OMS service at Harborview Medical Center and may also attend any scheduled resident didactics at the School of Dentistry's Department of Oral and Maxillofacial Surgery. Harborview Medical Center is a level-1 regional trauma hospital and is the primary rotation site for the OMS residency program.

Externs will gain experience in the busy OMS outpatient clinic, participate in inpatient ward management with the OMS team, observe cases in the OR, and participate in OMS call through the HMC Emergency Department (ED) and participate in all scheduled didactic sessions with the current OMS residents.

University of Washington 3rd and 4th year dental students are permitted supervised hands-on experiences as externs. Visiting dental student externs may participate as observers only; hands-on patient care is not permitted for visiting externs.

- Interested applicants (UW and non-UW Dental Students) Please submit the following:
 - A current curriculum vitae & Personal statement
 - A letter from your Dean of Students / Academic Affairs verifying enrollment and class standing
 - Two letters recommendation
 - NBME CBSE exam score report (Optional)
 - Photo- digital head -shot
 - Extern Program Application form (1 page)

The UW OMS externship is not a UW course offering therefore there is no related tuition or application fee.

All expenses (travel, lodging, meals, etc.) related to participation in the UW OMS Externship the sole responsibility of the Extern. You may contact the Visiting Personnel Program at 206.543.7636 to arrange for short-term housing in the dormitories.

Please submit your documentation to omsxtern@uw.edu, or by mail to: OMS Extern Coordinator; University of Washington, Department of Oral & Maxillofacial Surgery, Box 357134, Seattle, WA 98195-7134. If you have any additional questions, please e-mail them to: omsxtern@uw.edu.

Sincerely,

Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS
Clinical Assistant Professor; Acting Chief of Service, Harborview OMS
OMS Residency and Program Director



SCHOOL OF DENTISTRY

UNIVERSITY of WASHINGTON

Department of Oral & Maxillofacial Surgery

University of Washington

School of Dentistry

Office of the Dean

Box 356365

Seattle, WA 98195-6365

Externship Program Application

Extern information

Name		Date of Birth
Address (street, city, state, and zip code)		
Home Phone	Cell Phone	E-mail
Length of Externship Requested/Dates		

Are you a Student?	Major	Year
School	Address (street, city, state, and zip code)	

Current Employment	Length of Current Employment
Business	Address (street, city, state, and zip code)

Signature

As an observer in the School of Dentistry, I Agree:

- to follow all clinical and unit protocols, including infection control protocol
- not to participate in any patient care, including dental assisting
- to provide proof of all required immunizations
- to respect and maintain student academic and patient care confidentiality

I certify that this information is accurate and true to the best of my knowledge and I accept the above-stated conditions:

Signature	Date
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Information below to be completed by School of Dentistry personnel

Applicant has been Approved:

Signature	Date
Jasjit K. Dillon, DDS, MBBS, FDSRCS, FACS Acting Chief, Harborview Oral & Maxillofacial Surgery	