

**University of Pittsburgh School of Dental Medicine
Oral and Maxillofacial Surgery Elective**

Instructions for Visiting Students

The University Of Pittsburgh School Of Dental Medicine welcomes visiting dental students to its fourth year elective program. Visiting students will not be accepted with the following information is received and certain criteria met.

Prerequisites for Participation

All students from dental schools accredited by the American Dental Association Council on Education, who will have completed their third year requirements at the time of the desired elective participation, are eligible to apply. Students must be in good academic standing at their parent school and must have their schools approval to participate in the desired elective(s).

Visiting students are welcome to enroll for a continuous 1-2 week Oral and Maxillofacial Surgery externship at the University of Pittsburgh during their third or fourth year.

Application Procedure

An "Application for Non-Pitt Student Elective" form must be submitted. The application must contain all requested information from both the student and the appropriate dean of the student's school, including original signatures. Incomplete applications will be returned to the student's Affairs Office. Upon receipt the completed application will be reviewed and the student applicant will be notified about acceptance status.

CV/Other requirements

Please submit a CV with your application along with your GPA, class rank and CBSE score if it has been taken.

Insurance

All students must be covered by malpractice or liability insurance verified by their dean of students. **Applicants must provide proof of personal health insurance.** We accept no liability for health costs incurred by visiting students while at this school.

Cancellations

The courtesy of a telephone call is requested at least 2 weeks prior to start date if you find you are unable to participate. Please call, Andrea Ford, Oral and Maxillofacial Surgery Residency Coordinator at (412) 648-6801.

Housing

The School of Dental Medicine has no short term housing at its disposal. We do have information on area hotels and there is a University Housing Office (Panther Central) that you can contact at (412) 648-1100 to gain information on any potential housing availability.

**University of Pittsburgh School of Dental Medicine
Department of Oral and Maxillofacial Surgery
203 Lothrop Street
Suite 214
Attention: Andrea Ford
Pittsburgh, PA 15213**

Application for Non-Pitt Student Externship

Instructions (Refer to checklist)

After Part I and II are complete, return form to the Department of Oral and Maxillofacial Surgery at the above address. Part III will be complete by the Department and a copy of will be mailed to you at the address provided.

Please type or print.

Part I – To be completed by student

Name _____

Mailing Address _____

Phone _____

I have completed my second- or third-year requirements and will be a _____ year student
at _____ School of Dental Medicine

when I participate in the externship.

Primary Dates from _____ to _____

Alternative Dates from _____ to _____

Comments:

Part II – To be completed by student by Dean of the Student School

The above student is in good standing at this school and will be at least a third year dental student at the time he/she is participating in the above externship. The student will/will not have health insurance coverage while at Pitt. *(Please provide proof)* The student does/does not have malpractice or liability insurance that will be in effect while at Pitt *(Please provide proof)*. The student has his/her school permission to participate in this externship at Pitt for credit.

Name _____

Title _____

Address _____

Signature _____

Date _____

Part III – To be completed by the Pitt Dental Medicine Department of Oral and Maxillofacial Surgery

The above named student has been accepted for

Beginning Date _____ **Ending Date** _____

Please report to:

University of Pittsburgh School of Dental Medicine
Salk Hall
3501 Terrace Street
Room G-32
Pittsburgh, PA 15261

At 7:30 a.m. on the first day of your externship

Approval:

Instructor/Program Director: _____

Date: _____

Checklist

- ___ Applications complete with all required signatures

- ___ Letter from your institution stating you are a third or fourth year student (circle one) in good standing.

- ___ Proof of liability/malpractice insurance.

- ___ Documented proof of personal health insurance coverage (copy of health card)

- ___ Two letters of recommendation, preferably one should be from an Oral and Maxillofacial Surgery faculty member.

ALL ITEMS MUST BE SUBMITTED AT TIME OF APPLICATION

**INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY RETURNED TO THE STUDENT'S SCHOOL
(NO EXCEPTIONS)**