

**UPMC-Medical Education/University of Pittsburgh School of Dental Medicine
Oral and Maxillofacial Pathology Externship**

UPMC-Medical Education and the University of Pittsburgh School of Dental Medicine host a CODA-accredited 3-year residency program in Oral and Maxillofacial Pathology. For those dental students or dentists interested in a residency and career in oral and maxillofacial pathology, we offer the opportunity to [visit our facilities to better know us and our program](#). A formal externship may be required by your dental school. For those who do not require a formal externship, a structured, but less formal experience, is offered.

Requirements for Participation In an Externship:

1. All visitors MUST be enrolled in, or graduates of, an accredited North American dental school.
2. All visitors MUST provide proof of current HIPPA training and personal health insurance.
3. All third- and fourth-year dental students must provide a letter of good academic standing from the parent institution.
4. For students seeking a formal externship, the parent institution may need to provide prior approval of the desired externship. Students should be aware of their school's specific requirements.
5. All students MUST complete the Application for Externship form

The externship schedule:

An externship/visit can range from a single day to a week. We encourage at least a two-day visit to increase your exposure to the range of our program and facilities. The suggested schedules below are subject to change. Be flexible!

Monday-Wednesday

Time	Monday	Tuesday	Wednesday
8:00	Meet with Program Director	Pathology Unknowns	Clinical Patients (Summersgill)
9:00	CPCs (clinicopath correlations)	Clinical Patients Shekar	
10:00	Work-up of cases	Work-up of cases	Work-up of cases
11:00	Sign out	Sign out	Sign-out
12:00	Lunch with residents	Lunch with residents	Lunch on your own
1:00	Journal Club	Histopathology Unknowns	
2:00			
3:00	Tour of UPMC facilities	Tour of Dental School	
4:00		Head and Neck Slide review	
5:00	ENT Tumor Board		

Wednesday through Friday

Time	Wednesday	Thursday	Friday
7:30	Meet with Program Director		
8:00	Clinical Patients (Summersgill)	Sit in on Advanced Oral Path 2 (resident microscopic course) or histopathology unknowns	Journal Club
9:00			Tour of Dental School
10:00	Work-up cases with resident	Work-up cases with resident	Work-up cases with resident
11:00	Sign out	Sign out	Sign out
12:00	Lunch with residents	Lunch with residents	Lunch with residents
1:00	CPCs (Clinical Cases)	Tour of UPMC facilities	
2:00			
3:00			
4:00			

Insurance

All applicants 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 while at this school.

Cancellations

If you find you are unable to participate, please call or e-mail at least 2 weeks prior to the start date. Please contact Erin King, externship coordinator, at 412-648-8636, or by email at emk74@pitt.edu or Dr. Kurt Summersgill, program director, at 412-648-8635 or by email at kfs8@pitt.edu.

Housing and Transportation

The School of Dental Medicine does not provide housing. Please see our information on [maps, directions and transportation](#), and [nearby hotels](#) for assistance in making necessary accommodations. AirBnB resources are also available.

University of Pittsburgh
Oral and Maxillofacial Pathology
Department of Diagnostic Sciences
G121 Salk Hall
3501 Terrace St.
Pittsburgh, PA 15261
e-mail: kfs8@pitt.edu

Application for Externship

Instructions

After Part I and II are completed, return form by e-mail to the Department of Oral and Maxillofacial Pathology at the above address. Part III will be completed by the department and we will notify you of our decision.

For best performance, please download this pdf file before completing and returning. It may be completed on your computer, or printed and completed: please type or print.

Part I – To be completed by the applicant

Name: _____

Mailing Address: _____

Phone: _____ e-mail address: _____

Current status (e.g., 3rd year dental student, resident, private practice)

at (location) _____

Primary Dates: From _____ to _____

Alternative Dates: From _____ to _____

Comments:

Part II – To be completed by student by Dean of the Student’s School (fill out only if the externship takes place during regular school times)

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) have health insurance coverage while at Pitt Dental. (Please provide proof) The student (does) have malpractice or liability insurance that will be in effect while at Pitt Dental (Please provide proof). The student has his/her school’s permission to participate in this externship at Pitt Dental.

Name _____

Title _____

Address _____

Signature _____

Date _____

Part III – To be completed by the U of Pittsburgh Department of Oral and Maxillofacial Pathology

The above named applicant has been accepted for externship.

Beginning Date _____ **Ending Date** _____

Please report to:

G-134 Salk Hall
3501 Terrace Street
Pittsburgh, PA 15261
At 8:00 am on the first day of your externship

Approval:

Instructor/Program Director: _____

Date: _____