

University of Illinois Chicago
Department of Oral and Maxillofacial Surgery (MC 835)
College of Dentistry
801 S. Paulina St., Chicago, IL 60612-7211
Tel. (312) 996-1052, fax. (312)-996-5987



Application Form for Oral and Maxillofacial Surgery Externship Program

Name _____

Address _____

Phone work : _____ mobile: _____

Email _____

Dental School _____

Student Year 2nd 3rd 4th Other _____

Class Rank _____ / _____ Top _____% Dental school does not rank students

NBDE Part I _____ NBDE Part II _____ NBME CBSSE _____

Research Activities _____

Extracurricular Interests _____

Desired dates 1st Choice _____

for externship
(1-4 weeks length) 2nd Choice _____

- Personal Statement, including a discussion of the applicant's motivation for a career in OMFS, and reason for choosing an OMFS externship at Illinois
- Copy of Dental School Transcript
- Letters of Recommendation (at least two)

- Dean of Academic or Student Affairs
 - Includes Class Rank
 - Includes National Dental Board scores, if applicable
 - Confirms Malpractice Liability Coverage
 - Include Malpractice Certificate, if applicable

- OMFS Department Head or Chair, or Program Director
- Faculty Member familiar with the student (optional)

Return to: **Residency Coordinator**
Asst. to the Head
Oral and Maxillofacial Surgery M/C 835
College of Dentistry
University of Illinois Chicago
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Chicago, IL 60612