

Date(s) requested for externship: _____

Employment experience (including military service)			
Employer	From	To	Brief description of duties

Other activities since leaving dental school (not listed above)

Attachments
1. Personal statement outlining the reasons you are seeking an externship in periodontics
2. Two letters of recommendation from full-time faculty

ACKNOWLEDGMENT:

In accepting this elective program, we understand that the Virginia Commonwealth University School of Dentistry and MCV Hospitals of the VCU Health System assume no responsibility for the cost of travel, other living expenses, health care or personal liability during the elective extern program. Externs are required to provide their own health insurance. In the event of illness or personal injury (including injury from needles and/or surgical instruments), care will be provided in the hospital emergency department and costs billed to the student or their insurance carrier.

Student's signature _____

Date _____

Dean's signature _____

Date _____

(Dean's signature is required)