



MedStar Washington Hospital Center

Medstar Washington Hospital Center
Department of Oral and Maxillofacial Surgery
110 Irving Street, NW
GA-144
Washington, DC 20010-2975
ph: 202 877 5380
fax: 202 877 5381
email: oralmxsurgery@medstar.net

Oral & Maxillofacial Surgery Externship Application

Thank you for your interest in our externship program. In order to provide you with a hands-on experience, we require the following information to become an extern.

- Completed externship application
- Proof of malpractice insurance coverage
- Dean's letter stating the student is in good academic standing
- Current Curriculum vitae
- Record of current immunizations
- Proof of Tuberculosis testing
- Affiliation agreement between MWHC and your institution

The affiliation agreement is required for an externship, however if your institution does not have an agreement, you still can be approved for an observer-ship. Please contact us if you have questions or need information regarding the affiliation agreement. Since we have many externs from various institutions, one already maybe in place.

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dental School (name, location): _____

Graduation Yr: _____ NDBE Part 1 Score: _____

Dental School GPA / Class Rank (if applicable): _____

Requested Date for externships

1st choice: _____ to _____

2nd choice: _____ to _____