



COLUMBIA UNIVERSITY

College of Dental Medicine

COLLEGE OF DENTAL MEDICINE OF COLUMBIA UNIVERISTY MEDICAL CENTER EXTERNSHIP APPLICATION

Date _____

Name _____ SSN: _____ - _____ - _____

Address _____

City _____ State _____ Zipcode _____

Home Telephone _____ - _____

Emergency contact _____ Telephone _____ - _____

Currently I am in my _____ year at _____

Expected date of graduation _____

Elective:

- Oral and Maxillofacial Surgery

Dates Preferred:

From _____ to _____

I have read the information externships and I am aware that acceptance by CDM does not constitute formal admission to the College of Dental Medicine, Columbia University Medical Center. Evaluation of my performance will be based on the same criteria as those used to evaluate matriculated students at CDM. I understand that CDM does not cover health insurance or professional liability insurance.

Signature of Applicant

Date

STATEMENT BY DEAN OF STUDENTS

I certify that _____ in the class of _____
Is a registered student in good academic standing. The dental student named above has permission to take the externship for the dates listed above. The above named student **will/will not** (circle one) pay tuition at his/her school during the period listed above; **will/will not** (circle one) be covered by liability, malpractice and personal health insurance for the period indicated above; will/will not (circle one) require evaluation from CDM faculty (if available, attach your evaluation form).

Signature _____

Name and Title _____

Dental School _____

Date _____

The completed application with required material should be submitted to:

Dr. Sidney B. Eisig
Director, Division of Oral and Maxillofacial Surgery
College of Dental Medicine of Columbia University
Harkness Pavilion, Room 866
180 Ft. Washington Avenue
New York, NY 10032
Attn: Administrative Office

Checklist for a complete application:

- _____ Externship application
Including completion of the bottom section of the externship application by the Dean of Students stating professional liability coverage during the externship at Columbia University Medical Center

- _____ CV

- _____ Personal Statement

- _____ Completed health certificate

- _____ Performance evaluation forms (if applicable)

- _____ Two letters of recommendation

- _____ Photo (2x2)