



# MedStar Washington Hospital Center

**Medstar Washington Hospital Center**  
**Department of Oral and Maxillofacial Surgery**  
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## 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 \_\_\_\_\_