

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF DENTISTRY Department of PEDIATRIC DENTISTRY
1100 Florida Avenue New Orleans, LA 70119 Phone: 504.941.8199 Fax: 504.941.8200**

PEDIATRIC DENTISTRY EXTERNSHIP APPLICATION

INSTRUCTIONS:

Complete Parts I and II of this application and return to Dr. Kimberly Patterson, Predoctoral Program Director and Externship Coordinator at above address or fax number. Please note submission of application does not guarantee availability nor acceptance for a pediatric dentistry externship through LSU Health Sciences Center School of Dentistry.

PART I: TO BE COMPLETED BY EXTERNSHIP APPLICANT

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax _____ email: _____

Year of Study: Dental School Year: 1 2 3 4 Graduate Year _____

Dental School Attending / Attended: _____

Requested Dates of Externship (please give up to 3 choices):

1. From: (month/day/year) _____ To: (month/day/year) _____
2. From: (month/day/year) _____ To: (month/day/year) _____
3. From: (month/day/year) _____ To: (month/day/year) _____

ACKNOWLEDGEMENT

In accepting this externship, I understand the LSU Health Sciences Center and/or School of Dentistry assume no responsibility for professional liability insurance, the cost of travel, living expenses, or health care needs during the time of and traveling to/from the externship. **(Please include documentation of health insurance coverage)**

Applicant Signature _____ Date: _____

PART II: TO BE COMPLETED BY THE OFFICE OF ACADEMIC AFFAIRS / CURRENT EMPLOYER

The above named applicant is in good standing at the above mentioned dental school / current place of employment and is authorized to participate in an externship at LSUHSC School of Dentistry in the Department of Pediatric Dentistry.

Name: _____ Date: _____

Signature: _____ Title: _____

PART III: TO BE COMPLETED BY THE DEPARTMENT OF PEDIATRIC DENTISTRY AT LSUHSC

The above named applicant has been approved for participation in a Pediatric Dentistry Externship.

Beginning date: _____ Ending date: _____

Approval: Department Head: _____ Date _____

Postgrad Director: _____ Date _____

Externship Coordinator: _____ Date _____