

**UNIVERSITY OF PITTSBURGH
ORAL AND MAXILLOFACIAL SURGERY ELECTIVE**

INSTRUCTIONS FOR VISITING STUDENTS

The University of Pittsburgh School of Dental Medicine welcomes visiting dental students to its fourth year elective program. Visiting students will not be accepted until the following information is received and certain criteria met.

PREREQUISITES FOR PARTICIPATION: *All students from dental schools accredited by the American Dental Association Council on Education, who will have completed their third year requirements at the time of the desired elective participation, are eligible to apply. Students must be in good academic standing at their parent school and must have their school's approval to participate in the desired elective(s). Visiting students are permitted to enroll for a continuous 4-6 week Oral and Maxillofacial Surgery elective at the University of Pittsburgh during their fourth year.*

APPLICATION PROCEDURE: *An "Application for Non-Pitt Student Elective" form must be submitted. These applications are available from the Department of Oral and Maxillofacial Surgery by writing to the address listed on the front page. The application must contain all requested information from both the student and the appropriate dean of the student's school, including original signatures. Incomplete applications will be returned to the student's Student Affairs Office. The application should be mailed before May 15. Upon receipt the completed application will be reviewed and the student applicant notified about acceptance status.*

INSURANCE: *All students must be covered by malpractice or liability insurance verified by their dean of students. Applicants must **provide proof of personal health insurance**. We accept no liability for health costs incurred by visiting students while at this school.*

CANCELLATIONS: *The courtesy of a telephone call is requested at least 4 weeks prior to the start of an elective if you find you're unable to participate. Please call directly to the Department of Oral and Maxillofacial Surgery (412-648-6801).*

HOUSING: *The School of Dental Medicine has no short term housing at its disposal. The School of Medicine keeps a reference of students who are scheduled to be away and may wish to sublet. You can get in touch with them by calling Margie Sikorski (412) 648-9040. There is dormitory space available during the months of May, June, July and August, call (412) 648-1100. There is also a University Housing Office (412) 624-7116, which may be able to refer you. A final suggestion, check to see if you have graduates from your school in this area who may be willing to share or otherwise assist you.*

**UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY
3501 TERRACE STREET
PITTSBURGH, PA 15261
APPLICATION FOR NON-PITT STUDENT ELECTIVE**

INSTRUCTIONS: (REFER TO CHECKLIST)

After Part I and Part II are complete, return form to the Department of Oral and Maxillofacial Surgery at the above address. Part III will be completed by the Department and a copy will be mailed to you at the address provided. Please type or print.

PART I - TO BE COMPLETED BY STUDENT:

Name _____

Mailing Address _____

Phone Day () _____ Evening () _____

I shall have completed my third year requirements and will be a _____ year student at _____
_____ School of Dental Medicine when I take the elective.

PRIMARY DATES from _____ to _____
(exact date) (exact date)

ALTERNATE DATES from _____ to _____
(exact date) (exact date)

COMMENTS:

PART II - TO BE COMPLETED BY DEAN OF THE STUDENT'S SCHOOL:

The above named student is in good standing at this school and will be a fourth year dental student at the time he/she is participating in the above elective. The student **(will) (will not)** have health insurance coverage while at Pitt. (PLEASE PROVIDE PROOF). The student **(does) (does not)** have malpractice or liability insurance that will be in effect while at Pitt (PLEASE PROVIDE PROOF). The student has his/her school's permission to take this elective at Pitt for credit. An evaluation **(will be) (will not be)** required (if a form is used, please attach a copy). Evaluation should be sent to:

NAME: _____ TITLE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____ -----

PART III - TO BE COMPLETED BY THE DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY AT PITT:

The above named student has been accepted for _____
(Course Title) (Course Number) (Period)
Beginning Date _____ Ending Date _____ Please report to _____

Location _____ Date/Time _____
(Building/Room)

APPROVAL: Instructor: _____ Date: _____

Department Chairman: _____ Date: _____

CHECKLIST FOR VISITING ELECTIVES

**YOU MUST PROVIDE ALL OF THE FOLLOWING ITEMS
AT THE TIME OF APPLICATION
(No exceptions)**

- _____ *APPLICATIONS COMPLETE WITH ALL REQUIRED SIGNATURES*

- _____ *LETTER FROM YOUR INSTITUTION STATING YOU ARE A FOURTH YEAR STUDENT IN GOOD STANDING*

- _____ *PROOF OF LIABILITY/MALPRACTICE COVERAGE*

- _____ *DOCUMENTED PROOF OF PERSONAL HEALTH INSURANCE COVERAGE (photocopy of health card)*

- _____ *TWO LETTERS OF RECOMMENDATION, PREFERABLY ONE SHOULD BE FROM AN ORAL AND MAXILLOFACIAL SURGERY FACULTY MEMBER*

ALL ITEMS MUST BE SUBMITTED AT TIME OF APPLICATION

**INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY RETURNED
TO THE STUDENT'S SCHOOL**

(No exceptions)