

**University of Pittsburgh  
Oral and Maxillofacial Pathology  
Department of Diagnostic Sciences  
G121 Salk Hall  
3501 Terrace St.  
Pittsburgh, PA 15261  
(kfs8@pitt.edu)**

**Application for Externship**

**Instructions**

After Part I and II are completed, return form by e-mail to the Department of Oral and Maxillofacial Pathology at the above address. Part III will be completed by the Department, and we will notify you of our decision.

Please type or print.

**Part I – To be completed by the applicant**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Current status (e.g., 3<sup>rd</sup> year dental student, resident, private practice)

\_\_\_\_\_

at (location) \_\_\_\_\_

Primary Dates: From \_\_\_\_\_ to \_\_\_\_\_

Alternative Dates: From \_\_\_\_\_ to \_\_\_\_\_

Comments:

**Part II – To be completed by student by Dean of the Student’s School (fill out only if the externship takes place during regular school times)**

The above student is in good standing at this school and will be at least a third year dental student at the time he/she is participating in the above externship. The student (will) have health insurance coverage while at Pitt Dental. (Please provide proof) The student (does) have malpractice or liability insurance that will be in effect while at Pitt Dental (Please provide proof). The student has his/her school’s permission to participate in this externship at Pitt Dental.

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Part III – To be completed by the U of Pittsburgh Department of Oral and Maxillofacial Pathology**

The above named applicant has been accepted for externship.

**Beginning Date** \_\_\_\_\_ **Ending Date** \_\_\_\_\_

**Please report to:**

G-134 Salk Hall  
3501 Terrace Street  
Pittsburgh, PA 15261  
At 8:00 a.m. on the first day of your externship

**Approval:**

Instructor/Program Director: \_\_\_\_\_

Date: \_\_\_\_\_