



The Oklahoma Dental Association Rural Externship Program is an exciting opportunity. Set in the rural dental office of an Oklahoma Dental Association member dentist, this two-week externship will introduce dental students to dentistry in Oklahoma's rural areas. .

The Externship Program provides students with exposure to clinical applications, business practices, community involvement, and the general lifestyle of rural Oklahoma. Qualified students will earn the equivalent of a two-week salary of a licensed Dental Assistant. Patient care responsibilities will be assigned according to the student's abilities.

If you are interested in applying to the program, please submit the following:

1. An Externship application (attached) no later than May 30
2. A curriculum vitae
3. A personal health questionnaire (attached).

The completed application and required material should be submitted to:

Oklahoma Dental Association  
Rural Externship Program  
317 NE 13<sup>th</sup> Street  
Oklahoma City, OK 73104



ODA Office Only

Date Received: \_\_\_\_\_  
Dentist Assigned: \_\_\_\_\_  
ODA Executive Director Approval: \_\_\_\_\_

**Application Checklist:**

- \_\_\_\_\_ Externship application
- \_\_\_\_\_ Curriculum vitae
- \_\_\_\_\_ Completed personal health questionnaire

**OKLAHOMA DENTAL ASSOCIATION  
RURAL EXTERNSHIP APPLICATION**

**Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Cell Phone#** \_\_\_\_\_ - \_\_\_\_\_ **Home Phone#** \_\_\_\_\_ - \_\_\_\_\_

**Emergency contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_ - \_\_\_\_\_

**Externship Dates:** Session 1: Aug 1- Aug 12      Session 2: Aug 8- Aug 19  
(Circle one)

**Fall of 2011 will be my:** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> **year of dental school** (must have completed 1<sup>st</sup> year of dental school)  
(Circle one)

**SPECIALTY INTEREST:** \_\_\_\_\_

**SPECIFIC DENTIST REQUEST:** *Optional*

**Dentist's Name** \_\_\_\_\_ **Location of Practice** \_\_\_\_\_

**EXTERNSHIP PARTICIPATION AGREEMENT**

I certify that all information submitted is accurate to the best of my knowledge. I understand that the Oklahoma Dental Association holds neither professional liability nor responsibility of malpractice while participating in the externship.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)