Oklahoma Dental Association
Rural Externship Program: Dentist Application

_____

NAME:_____

HOME ADDRESS: _____

CITY _____ **STATE**_____**ZIPCODE**_____

OFFICE ADDRESS: _____

CITY _____ **STATE**_____**ZIPCODE**_____

OFFICE PHONE #_____-_____ **HOME PHONE#**_____-_____

EMAIL ADDRESS_____ **CELL PHONE#:** _____-_____

DATES OF TRAINING: Section 1: (Aug 1st-Aug 12th) Section 2: (Aug 8th - Aug 19th)

SPECIFIC STUDENT REQUEST: Optional **PRACTICE SPECIALITY:** _____

Student's Name _____

PLEASE RETURN SIGNED APPLICATION by May 30, 2011 to:
Oklahoma Dental Association
ATTN: Rural Externship Program
317 NE 13th Street
Oklahoma City, OK 73104

EXTERNSHIP PARTICIPATION AGREEMENT

I agree to the following and understand that the Oklahoma Dental Association holds neither liability nor responsibility of malpractice for the student while participating in the externship.

1. To host a dental student from Oklahoma University College of Dentistry for the purpose of a two-week externship.
2. To introduce a student to my business practice, clinical work, and life in my community.
3. To provide adequate housing (*my home or provide equivalent accommodations)* for the extent of the externship.
4. To compensate a student for up to two weeks of work at the same rate paid to a dental assistant.
5. To fill out a report and evaluation of the experience following the student's externship.

_____ _____

(Signature) (Date)