

Externship

University of North Carolina Adams School of Dentistry
Department of Oral and Maxillofacial Surgery
Division of Craniofacial and Surgical Care

Externship Director: Glenn J. Reside, DMD

Phone Number: 919-537-3404

Description:

This is a 1-4 week rotation in the Department of Oral and Maxillofacial Surgery for third and fourth year dental students interested in additional exposure to the full scope of OMS. During the rotation, the student will observe and participate in operating room and clinical procedures under the direction of the faculty and chief resident. The extern will attend all weekly conferences. It is expected that the extern will take call with the intern. Up to two externs per month will be accepted on a space available basis.

Requirements:

The student must currently be in good standing in dental school. A letter of intent with available dates should be submitted. The UNC School of Dentistry application for visiting students must be filled out. Provide the following: two letters of recommendation, transcripts from dental school, letter of recommendation from academic dean, and proof of current malpractice coverage. Prior to arrival the student must provide documentation of current (within the past 2 years) Basic Life Support Training, and documentation of current (within the past 6 months) TB testing with both date placed and date read. Upon arrival and before engaging in direct patient care each visiting student must complete the UNC HIPPA training.

Application instructions:

Applications may be obtained by emailing the Externship Director, downloaded from the department website or the OMS Department page on the UNC Adams School of Dentistry website, or by calling 919-537-3404.

Send information to Glenn J. Reside, DMD, OMS Dept., CB #7450, UNC School of Dentistry, Chapel Hill, NC 27599. You will be contacted after your materials are received.

Questions: email Glenn_Reside@unc.edu

ORAL & MAXILLOFACIAL SURGERY EXTERN PROGRAM
Additional Information

GOALS:

1. Provide dental students with exposure to Oral and Maxillofacial Surgery, including operating room and perioperative care of the surgical patient.
2. Provide experience in extraction of teeth and minor surgical procedures in clinic setting.
3. Allow for exchange of information through formal conferences.

SETUP:

1. Provide pager for student so that he/she can take call with junior and senior residents: the extern would accompany junior resident and help with duties.
2. Student will extract teeth in clinic. Checking in of student is the responsibility of the clinic doctor, call doctor, and then resident (if delegated by the call doctor).
3. Evaluation at end of month by the chief resident, externship director, and any interested faculty member.
4. Evaluation to be recorded at UNC and at student's dental school.
5. Student will go to the operating room at the discretion of the chief resident.
6. Availability of rotations: up to two externs at any one time are permitted on a space available basis.
7. Student will fill out evaluation of his/her experience upon completion.

HOUSING:

There is no call room available.

The extern is responsible for arranging for her/his own housing, transportation, meals, etc.

**UNC Adams School of Dentistry
VISITING STUDENT POLICY**

1. Prospective visiting students must
 - a. complete a Visiting Student Application Form,
 - b. submit a letter of intent describing areas of interest and the dates available to attend UNC,
 - c. be currently enrolled in good standing at another dental school, and
 - d. provide two (2) letters of recommendation, transcripts from their dental school, and a letter of recommendation from their academic dean.
 - e. Prior to arrival provide documentation of current TB testing and Basic Life Support training.
 - f. Upon arrival complete the UNC HIPPA training or provide documentation of similar training
2. Visiting students will be responsible for their own funding and arranging their own room and board.
3. A curriculum will be designed for them and they will be allowed to attend seminars, participate in core didactic courses and electives, and participate or observe in clinics as available.
4. Visiting students will be allowed to participate in patient care activities only if approved by the department involved. Visiting students are allowed to deliver patient care only in exceptional circumstances.
5. There are no guarantees that this program will be available at any specific time and participation is possible on a space available basis only.
6. The application must be approved three (3) months prior to the start of the program.
7. Each visiting student will be enrolled in the University and the School of Dentistry and will be designated as a Visiting Student.
8. No degree or certificate will be awarded.

**UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
ADAMS SCHOOL OF DENTISTRY
APPLICATION FOR VISITING STUDENT**

Answers should be typewritten or neatly printed.

Name: _____ Preferred name: _____
(first) (middle) (last)

SS No. _____ Sex: M ___ F ___ DOB: _____ Citizenship _____

Ethnic: Amer. Ind. ___ API ___ Afr. Amer. ___ Caucasian ___ Hispanic ___
Other ___

Current Mailing Address: _____
(# & St.) (City) (State) (Zip)

Telephone: _____ Email address: _____

Permanent Mailing Address: _____
(# & St.) (City) (State) (Zip)

Telephone: _____

Emergency Contact Person _____
(Name) (Address)

Telephone: _____

Undergraduate Colleges Attended: School From To Major

Current Dental School: _____

UNC School of Dentistry Department Sponsor: Dr. Glenn J. Reside

UNC Faculty Sponsor: _____
(signature)

I am voluntarily providing my social security number on this application with the understanding that it will be used only as a personal identifier for the internal record-keeping and data processing operation of this institution.

(signature)

(date)

THESE QUESTIONS ARE IMPORTANT. If you answer "yes" to any of them, please attach an explanation.

Have you been out of school for other than routine vacation? Yes ___ No___

Have you ever been suspended, expelled, dismissed, or otherwise subject to any disciplinary sanction from any secondary schools or colleges? Yes___ No___

Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there such criminal charges against you at this time? Yes ___ No___

I understand this statement and upon my honor do certify that the information furnished by me in this application is true to the best of my knowledge.

(Signature)

(Date)

Statement of Equal Educational Opportunity

The University of North Carolina at Chapel Hill is open to people of all races and is committed to equality of educational opportunity and does not discriminate against students or employees based on race, color, national origin, religion, sex, age, or disability. Any complaints alleging failure of this institution to follow this policy should be brought to the attention of the Assistant to the Chancellor. The University of North Carolina at Chapel Hill actively seeks to promote integration by recruiting and enrolling a larger number of African American, Native American, and other minority students.

Please submit the following with the application:

- Letter of intent describing areas of interest and dates available
- Current Dental School transcript
- Two letters of recommendation
- Letter of recommendation from academic dean

Please return the completed application with supporting material to:

Glenn J. Reside, DMD
Clinical Professor
Dept. of Oral and Maxillofacial Surgery
Division of Craniofacial and Surgical Care
Adams School of Dentistry
CB #7450, 149 Brauer Hall
University of North Carolina
Chapel Hill, NC 27599-7450

Telephone: 919-537-3404
Fax: 919-537-3407
Email: glenn_reside@unc.edu