



## Postdoctoral Clinical Observational Externship

### Application

Extern Information		
Last Name (Surname)	First Name	Date of Birth (month/day/year) / /
Address (street, city, state, and zip code)		Gender Male Female
Home Phone	Cell Phone	E-mail

Education			
Name of Institution	Location	Degree	Date of Completion

Employment Information	
Current Employer	Length of Current Employment
Position Title	Address (street, city, state, and zip code)

Proposed Visit Dates
<i>*The minimum stay is one month and the maximum stay is 6 months.</i>

Start date of visit:	End date of visit:
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English Proficiency		
How many years have you studied English?      years		
Have you ever take the TOEFL exam?  Yes      No	Date Taken	Score
Have you ever taken the IELTS exam?  Yes      No	Date Taken	Score

Externship Clinical Areas	
*Please select your clinical area of interest.	
Endodontics	Operative Dentistry
Periodontics	Prosthodontics

Additional Application Materials
*Please submit the following items with your application (PDF format only):
<input type="checkbox"/> <b>Letter of Interest</b> This should be a statement of intent that specifies the clinical area of interest, the desired length of stay, the proposed start date of the visit, and the goals for the visit to the School of Dentistry at UNC-CH.
<input type="checkbox"/> <b>Curriculum vitae</b>
<input type="checkbox"/> <b>Copy of a current dental license in the country of your residence</b> If not in English, a translated and certified copy must also be submitted.
<input type="checkbox"/> <b>Two letters of recommendation</b> Letters should come from faculty or other professionals in dentistry who can best evaluate whether the externship would be a positive experience for your future academic / clinical career.

Please email the completed application and additional application materials electronically in PDF format to Chloe Dixon (chloe.dixon@unc.edu)