VISITING STUDENT/EXTERNSHIP APPLICATION

To Be Completed by Applicant:

Name: _______________________________________________________________________________

Address: _____________________________________________________________________________
_____________________________________________________________________________________

E-Mail address: _____________________________________ Phone: ___________________________

Name and address of dental school where you are currently enrolled: __________________________
_____________________________________________________________________________________

Clinical experience desired (hospital/clinic): _______________________________________________

Level of treatment activity (hands-on/observation): _________________________________________

Date desired to visit the University of Louisville School of Dentistry: __________________________

Please provide the following (sensitive information such as date of birth should be redacted):

❖ Official Transcript ☐ CV and color photo ☐ Copy of CPR certification ☐
❖ Evidence of Meeting Immunization Requirements ☐ Approved by ULSD ________________
❖ Proof of Malpractice Insurance ☐ Proof of Medical Health Insurance ☐
❖ Signed Release of Liability and Confidentiality Agreement ☐
   (will be sent by ULSD upon approval of externship)

Completed and Approved by Current Dental School: SCHOOL SEAL

❖ Is student covered by malpractice insurance? Yes ☐ No ☐
❖ Has student received blood-borne pathogen training? Yes ☐ No ☐

Name of Official (print): ____________________________ Title: ________________________________

Signature of Official: ____________________________ Date: ________________________________

Approved by the University of Louisville School of Dentistry:

_________________________________________ Date: ________________________________
Program Director Signature

_________________________________________ Date: ________________________________
Department Chair Signature

_________________________________________ Date: ________________________________
Associate Dean for Graduate Education Signature

3/10/2022 mab