

**UT HEALTH SAN ANTONIO**  
**Application for Pediatric Dentistry Externship**

**Items to submit with application: Current CV and Immunizations**  
**Malpractice insurance to be submitted upon approval and acceptance for externship**

**Date of application:** \_\_\_\_\_

**Name of applicant:** \_\_\_\_\_ **Gender:**  M  F **DOB:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State**  **Zip:** \_\_\_\_\_

**Phone or cell #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Citizenship status:** \_\_\_\_\_

**Dental School in which enrolled:** \_\_\_\_\_

**Dental school mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State**  **Zip:** \_\_\_\_\_

**Current Status as Student:**  DS 1  DS 2  DS 3  DS 4

**Name of Associate Dean for Academic Affairs or Equivalent:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Week requesting visit:** \_\_\_\_\_ **Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Please briefly describe your reason for wanting to attend this externship:**

**Please check the appropriate boxes regarding your responsibilities for Malpractice Insurance:**

- I will bring proof of valid dental malpractice insurance from my school making me eligible for participation in this externship.
- I will apply for dental malpractice insurance through ASDA by calling 1-800-282-0593, ext. 4173 should my school not supply me coverage for malpractice insurance.

**Please check the appropriate boxes after you have read and understood them:**

- I understand that a background check will be completed prior to Externship and required to pay \$15.00 fee payable to UT Health SA/Developmental Dentistry.
- I understand that I will be required to pay a visiting student fee of \$25.00 which will be due and payable to the Registrar's Office the first day of my arrival.
- I understand that I will be required to pay a \$10.00 fee to obtain an ID badge which is due and payable to the UT Police Department the first day of my arrival along with extra fees for parking.
- I understand that I am responsible for obtaining my own transportation to and from off site clinics at my own cost.
- I understand that I am responsible for obtaining my own room and board as there are no dormitories at the UT Health San Antonio.
- I understand that along with this application I must submit my current CV & current immunizations. Once accepted & approved for the externship I will immediately submit my malpractice insurance & keep a copy with me at all times during my visit.

Signature of Applicant: \_\_\_\_\_

The applicant has permission to attend the Pediatric externship at the UT Health San Antonio School of Dentistry for the time period specified in this application.

Signature: \_\_\_\_\_  
*Associate Dean for Academic Affairs (or Equivalent) of student's Dental School*

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**Complete and submit the application by e-mail or fax or mail to:**

UT Health SA School of Dentistry	Phone #: 210-567-3535
Developmental Dentistry	Fax #: 210-567-3526
Attn: Esther Tarango	
Mail Code 7888	e-mail: TarangoE@uthscsa.edu
7703 Floyd Curl Drive	
San Antonio, TX 78229-3900	

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***For UTHSCSA Use Only:***

- We can accept the student at the time requested.
- We cannot accept the student for an externship.
- We cannot accept the student at the time requested but the student could attend (alternate time) \_\_\_\_\_

Signature of externship director: \_\_\_\_\_ Date: \_\_\_\_\_