
5. Indicate any major postgraduate training, including fellowships, internships and residencies.

6. List academic distinctions, fellowships, scholarships, awards or prizes awarded in college, dental school or subsequently:

7. Indicate your professional experiences after dental school, if applicable:

8. List scientific publications, poster or scientific presentations, if applicable:

9. If your dental education to date has not been continuous, or if you are now in dental school or hospital, please give details:

10. List the state in which you are licensed to practice dentistry.

11. Please provide a copy of a valid US dental license.

12. Have you ever been engaged in the private practice of dentistry? If so, please provide information regarding location, type of practice, dates and names of dentists or practice that you have been associated with:

13. If you are accepted in our preceptorship program, how do you plan to finance your tuition, fees and associated traveling and living expenses?

14. Please add attachment statement explaining the reasons for pursuing further Periodontology training in our institution, interest in the field, future plans and any other significant information that you feel may influence your application.

Signature: _____

Date: _____

Feel free to attach more information that may not fit the space provided as well as a complete CV. Please mail complete application with fee along with supplemental information and documentation (letters of recommendation, copy of diploma and dental school transcripts) to:

Ms. Stephanie Ward
Preceptorship Program in Periodontics
University of Oklahoma College of Dentistry
Department of Periodontics
1201 N. Stonewall Avenue
Oklahoma City, OK 73117-8802
Email: stephanie-ward@ouhsc.edu

Application fee should be made in US checks to OU College of Dentistry (attn: Dept of Periodontics). Also, you can visit our website for further information about our program.