

***Department of Oral and Maxillofacial Surgery  
Application for Oral and Maxillofacial Surgery Externship  
at the University of Connecticut***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Dental School: \_\_\_\_\_

Year Started Dental School: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

***Please forward all of the following:***

***(It is important to send all required information to begin processing your application.)***

- Completed the OMFS Externship Application Form
- Resume (include bachelor's degree details, and GPA)
- Photocopy of dental school transcript
- Photocopy of National Dental Board Scores (at least Part 1)
- Photocopy of CBSE score (total score, not pass/fail)
- One paragraph essay describing your interest in OMFS
- Letter of recommendation from Dean
- Letter of recommendation from one OMFS faculty member

***Please email or fax all materials to:***

Erika Minan, MBA, HCA, HCF&I, HRM  
Administrative Program Coordinator  
Oral and Maxillofacial Surgery Residency Program  
University of Connecticut School of Dental Medicine  
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