Application to UCSF Dentistry – Preceptorship Program

Preceptorship Program Interested In: _____
For Period _____ Quarter 20_____ thru Quarter _____ 20_____
Number of Academic Quarters 1 2 3 4 (please circle) or other:_____

Attach Photo Here

Complete all sections of the application

1. Attach passport sized photo
2. Attach an official copy of your dental school transcripts to this application
3. Select three (3) persons with knowledge of your skills and potential to serve as references and have each complete and return a confidential report
4. Provide evidence of English Language Proficiency or a TOEFL score of 550 or computer based score of 213 or internet based score of 79-80 is required of students from non-English speaking countries. (An interview may be required)
5. $250 application fee paid in US dollars in the form of either traveler's check or a check drawn from a US bank

Applicants will be considered only after this application and all other items are received by UCSF Continuing Dental Education.

If you live in the United States; what current VISA do you have? _____

Passport-Current US Visa Status-Passport #: _____
_____ Permanent Resident _____ Green Card _____ H-4 _____ J-2

Name _____ **Telephone** _____
(Last – Family Name) First Middle (Country/Area Code) Number

Home Address _____ **Facsimile** _____
Street (Country/Area Code) Number

_____ **E-mail** _____
City Country Mail Code

US Address _____ **Telephone** _____
Street (Area Code) Number

_____ **Country of Citizenship** _____
City State Zip Code

If in USA, current visa status _____

Date of Birth _____ **Place of Birth** _____ **Marital Status** _____ **Number of Children** _____

Languages Spoken _____

Education

List all junior colleges, colleges, universities, graduate and professional schools at which credit have been earned.

Institution	Dates Attended From | To	Major and Minor Fields	Degree and Date
	|		
	|		
	|		

Experience

Institution or Organization	Dates Attended From | To	Nature of Work
Teaching	|	
Private Practice	|	
	|	
Research	|	
	|	
Military Service	|	
Other	|	

Present Occupation _____

Professional Organizations:

_____

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Publications, Table Clinics & Presentations before Professional and Lay Groups:

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Scholarships, Prizes, Honors, or Other Recognition:

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Insert below a statement describing your general interests. 1) Your reasons for seeking advanced training and education in dentistry. 2) Your career goals and plans for practice, research, teaching, community health programs, etc. 3) The type of program you feel would best suit your needs. (i.e. university and/or hospital) 4. Any additional information you feel is pertinent in considering your application.

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Return completed application form to:

UCSF – Fellowship Program
513 Parnassus Ave., Room S-630
San Francisco, CA 94143