

Application to UCSF Dentistry- Preceptorship Program

Preceptorship Program(s) interested in: _____

For Module: _____

Complete all sections of the application

1. Paperclip passport size photo
2. Include 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. Reports must be signed and sealed.
4. Provide evidence of English Language Proficiency or a TOEFL score of 550 or computer base 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 wither traveler's check or a check from a US bank

Applications 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

____ I do not have any of the above listed

Telephone

Name _____
(Last- Family Name), First, Middle

(Country/Area Code) Number

Home Address _____
Street

Facsimile

(Country/Area Code) Number

City, State, Mail Code

US Address _____
Street

E-mail

City, State, Mail Code

Date of Birth

Place of Birth

Marital Status

Number of Children

Languages Spoken _____

Education

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

Institution	Dates Attended From— To	Major & Minor Fields	Degree & Date

Experience

Institution of 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:

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. *(Please use space below or attach word document)*

Return completed application form to:

UCSF Preceptorship Program
513 Parnassus Avenue, Room S-630
San Francisco, CA 94143