

# OMS Internship Application



APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
EDUCATION										
College										
From		To		Rank		GPA		Degree		
Dental School										
From		To		Rank		GPA		Degree		
Other										
From		To		Rank		GPA		Degree		
NATIONAL BOARD AND EXAMINATION SCORES (Including New and Old NBES Formats)										
Part 1					Status (Pass/Not Pass/Not Taken Yet):					
Part 2					Status (Pass/Not Pass/Not Taken Yet):					
COMPREHENSIVE BASIC SCIENCE EXAM										
CBSE Score:										
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Email					Phone					
Full Name					Relationship					
Email					Phone					
Full Name					Relationship					
Company					Phone					
BACKGROUND INFORMATION (Yes or No answers: Please explain if you answer yes.)										
Are you licensed to practice dentistry or another profession? (Yes/No)										
If yes, please indicate Professional license held and date issued										

Have you ever been charged with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? (Yes/No)

Were you ever subject to any disciplinary action by any college, university, or professional school for: 1) Unacceptable academic performance (academic probation, suspension, dismissal, etc) or 2) conduct violations? (Yes/No)

Have you ever been subject to disciplinary action by any professional licensing board? (Yes/No)

**AWARDS, DISTINCTIONS, PRIZES**

AWARD:	ORGANIZATION:	DATE AWARDED:
AWARD:	ORGANIZATION:	DATE AWARDED:
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AWARD:	ORGANIZATION:	DATE AWARDED:
AWARD:	ORGANIZATION:	DATE AWARDED:

**EXTRACURRICULAR ACTIVITIES**

TYPE OF ACTIVITY AND DATE:
TYPE OF ACTIVITY AND DATE:
TYPE OF ACTIVITY AND DATE:
TYPE OF ACTIVITY AND DATE:

**TEACHING EXPERIENCE**

Employer:	Dates:	Type:
Employer:	Dates:	Type:
Employer:	Dates:	Type:

**RELEVANT EXPERIENCE**

Employer:	Dates:	Type:
Employer:	Dates:	Type:
Employer:	Dates:	Type:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_