



Tufts
UNIVERSITY

School of
Dental Medicine

Tufts University OMFS Internship Application

Background Information

First Name

Last Name

Address

Street Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

Email

Primary Phone Number

- ### -

Secondary Phone Number

- ### -

Date of Birth

MM

DD

YYYY

Country of Citizenship

Are you licensed to practice dentistry or any other profession?

Yes

No

Are you currently under charge, or have you ever been convicted of a felony or misdemeanor, other than a traffic violation?

Yes

No

If yes, please enter a brief explanation of the circumstances.

Were you ever the recipient of any disciplinary action by any college, university, or professional school for unacceptable academic performance?

Yes

No

If yes, please enter a brief explanation of the circumstances.

Were you ever the recipient of any disciplinary action by any college, university, or professional school for conduct violation?

Yes

No

If yes, please enter a brief explanation of the circumstances.

Professional Experience

Do you have professional experience in any of the following areas?

Practice of dentistry

Teaching experience

Research experience

Relevant work experience

Public Health experience or Related Healthcare experience

Military Experience

If yes, please enter a brief explanation of the experience.

Educational Background

Dental School

Date of Graduation

MM DD YYYY

Class Rank

1st Year

2nd Year

3rd Year

4th Year

No Rank, 1st Year

No Rank, 2nd Year

No Rank, 3rd Year

No Rank, 4th Year

Honors

Honors

Honors

Honors

Pass

Pass

Pass

Pass

Fail

Fail

Fail

Fail

National Board of Dental Examiners

Part I, Date of Exam

MM DD YYYY

Part I, Score

Pass

Fail

Part II, Date of Exam

MM DD YYYY

Part II, Score

Pass

Fail

Academic Awards (include name of award, date, sponsoring organization)

Extracurricular Activities

Include type of activity, dates, and description of responsibilities.

Advanced Dental Education (Postdoctoral) Programs Attended

Please include program name, type, dates attended, and program director.

Please submit the following along with your application:

- CV
- Personal Statement
- Transcripts
- Three (3) letters of recommendation
- NBME/CBSE Score Report