Dear Applicant,

Thank you for your interest in our 1-yr internship in Oral & Maxillofacial Surgery. We are located in Nashville, TN and are proud to sponsor an incredible 1-yr private practice based internship in Oral & Maxillofacial Surgery. We invite you to complete the attached application and return it as soon as possible for consideration. In addition to the application, we require you to include the following in your application submission:

- _____ **List of Honors/Awards and publications (if applicable)**
- _____ **Curriculum Vitae**
- _____ **Copy of Dental License (if applicable)**
- _____ **Copy of DEA certificate (if applicable)**
- _____ **Copy of Dental School Diploma (if applicable)**
- _____ **A short narrative discussing your personal goals for your future practice of Oral & Maxillofacial Surgery**
- _____ **Letter of reference from the Chairman of the Department of Oral & Maxillofacial Surgery at your institution (may be sent directly from Chairman if preferred)**
- _____ **Letter of reference from a faculty member who has direct personal knowledge of your training, experience, and current clinical abilities**

Please submit the completed application as well as the above-listed items electronically to the e-mail address listed below. Should you have any questions, please feel free to contact us directly. Thank you again for your time and consideration of our internship position.

Jeffrey B. Carter, M.D., D.M.D.
Oral Surgical Institute
324 22nd Ave. N
Nashville, TN 37203
(615) 329-4401
jbc@tnosi.com

Oral & Maxillofacial Surgery Internship Application

Demographic Information

_____ _____ _____ _____ _____

Last Name **First Name** **Initial** **Suffix** **Sex**

_____ - _____ - _____ _____ / _____ / _____ _____

Social Security Number **Date of Birth** **Place of Birth** **Citizenship**

_____ _____ _____ _____

Present Home Address **City** **State** **Zip**

(_____) - _____ - _____ _____

Telephone **Email**

Licensure

(attach copies of all licenses/certificates)

_____ _____ _____ _____ / _____ / _____

License Type **State** **License #** **Expiration Date**

_____ _____ / _____ / _____

DEA # **DEA Expiration**

Education & Training

	School & Address	Degree	Date Graduated
Undergraduate	_____	_____	_____ / _____ / _____
	_____		
	_____		
Dental School	_____	_____	_____ / _____ / _____
	_____		
	_____	**Class Rank:** _____	
	_____	**NBDE Part I:** _____ **NBDE Part II:** _____	
		NBME CBSE: _____	