



ORAL SURGICAL
INSTITUTE

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 private practice-based internship in full-scope 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:

- _____ Curriculum Vitae (CV)
- _____ Copy of Dental License (if applicable)
- _____ Copy of DEA Certificate (if applicable)
- _____ Copy of Dental School Diploma (if applicable)
- _____ Copy of CBSE Exam Score (if applicable, will accept NBDE Part I score if available)
- _____ Personal Photograph
- _____ Short narrative (ie Personal Statement) discussing your personal goals for your future
- _____ 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 (on following page) as well as the above-listed items all in electronic format to Tracy Miller (tmiller@tnosi.com) with the subject of the email stating "Application for OSI Internship". Should you have any questions, please feel free to contact us directly. Thank you again for your time and consideration of our internship position.

A handwritten signature in black ink, appearing to read "JBCarter".

Jeffrey B. Carter, MD, DMD
jbc@tnosi.com

A handwritten signature in black ink, appearing to read "APitts".

Adam S. Pitts, MD, DDS, FACS
pitts@tnosi.com

A handwritten signature in black ink, appearing to read "BSybo".

Brian H. Sybo, MD, DDS
bsybo@tnosi.com

Oral & Maxillofacial Surgery Internship Application

Demographic Information

Last Name	First Name	Degree	Suffix	Sex
- - - - -	/ / - - - - -			
Social Security Number	Date of Birth	Place of Birth	Citizenship	
Present Home Address	City	State	Zip Code	
() - - - - -	Email			
Phone				

Education & Training

Undergraduate College/University	Degree	/ / - - - - - Date Completed
Dental School/College/University	Degree	/ / - - - - - Date Completed
Other College/University/Program (if applicable)	Degree	/ / - - - - - Date Completed

NBME CBSE Exam Score: _____ NBDE Part I (if applicable) Score: _____ Dental School Class Rank: _____ out of _____

Licensure

License Type (if applicable)	State	License #	/ / - - - - - Expiration Date
DEA # (if applicable)	/ / - - - - - Expiration Date		