



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 (can be from PASS application)
- \_\_\_\_\_ 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](mailto: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 "Adam S. Pitts".

Adam S. Pitts, MD, DDS, FACS  
[pitts@tnosi.com](mailto:pitts@tnosi.com)

A handwritten signature in black ink, appearing to read "Joseph R. Zacharias".

Joseph R. Zacharias, MD, DDS  
[jzacharias@tnosi.com](mailto:jzacharias@tnosi.com)



ORAL SURGICAL  
INSTITUTE

## 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

(\_\_\_\_\_) - \_\_\_\_-\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### 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