

Willis-Knighton Health System
Department of Oral & Maxillofacial Surgery
Externship Training Application Form

Purpose of Externship: To provide students with the opportunity to observe all aspects of oral and maxillofacial surgery, including ambulatory and inpatient settings through clinical observation and didactic lectures.

Duration: Externs are expected to work full-time and stay a minimum of one week, but not to exceed four weeks. A letter of recommendation will be provided at the end of your training.

Externs are volunteers; thus Willis-Knighton Health System (WKHS) does not offer any financial compensation or benefits during the externship period.

All the following documents are required. Incomplete applications will not be considered.

- Completed OMFS personal Information Form, including information needed for required background screening.
- Letter of recommendation from the Department of Oral & Maxillofacial Surgery at your dental school.
- A letter from your dental school confirming you will be covered under their malpractice insurance plan during your entire rotation. Please include policy number and amount of coverage.
- A letter outlining your objectives for the externship.
- Proof of health insurance.
- Recent photograph to be used for badge/identification.

I affirm that all information in my application and supporting documentation is correct and factual.

Print Name: _____

Applicant's Signature: _____ Date: _____

Contact person:
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