Externship/Clerkship
University of North Carolina School of Dentistry
Department of Oral and Maxillofacial Surgery

Externship Director: Glenn J. Reside, DMD

Phone Number: (919) 537-3944

Description:
This is a two-to-four week rotation in the Department of Oral and Maxillofacial Surgery for third- and fourth-year dental students interested in additional exposure to the full scope of OMS. During the rotation, the student will observe and participate in operating room and clinical procedures under the direction of the faculty and chief resident. The extern will attend all weekly conferences. It is expected that the extern will take call with the intern. Up to two externs per month will be accepted on a space-available basis.

Requirements:
The student must currently be in good standing in dental school. A letter of intent with available dates should be submitted. The UNC School of Dentistry application for visiting students must be filled out. Provide the following: two letters of recommendation, transcripts from dental school, letter of recommendation from academic dean, and proof of current malpractice coverage. Prior to arrival the student must provide documentation of current (within the past two years) Basic Life Support Training, and documentation of current (within the past six months) TB testing with both date placed and date read. Upon arrival and before engaging in direct patient care each visiting student must complete the UNC HIPPA training.

Application instructions:
Applications may be obtained by emailing the Externship Director, downloaded from the OMS Department page on the UNC School of Dentistry website (https://www.dentistry.unc.edu/about/departments-units/oms/), or by calling (919) 537-3944.

Send information to Glenn J. Reside, DMD, OMS Dept., CB #7450, UNC School of Dentistry, Chapel Hill, NC 27599. You will be contacted after your materials are received.

Questions: email Glenn_Reside@dentistry.unc.edu
GOALS:

1. Provide dental students with exposure to Oral and Maxillofacial Surgery, including operating room and perioperative care of the surgical patient.
2. Provide experience in extraction of teeth and minor surgical procedures in clinic setting.
3. Allow for exchange of information through formal conferences.

SETUP:

1. Provide pager for student so that he/she can take call with junior and senior residents: the extern would accompany junior resident and help with duties.
2. Student will extract teeth in clinic. Checking in of student is the responsibility of the clinic doctor, call doctor and then resident (if delegated by the call doctor).
3. Evaluation at end of month by the chief resident, externship director, and any interested faculty member.
4. Evaluation to be recorded at UNC and at student’s dental school.
5. Student will go to the operating room at the discretion of the chief resident.
6. Availability of rotations: up to two per month on a space available basis.
7. Student will fill out evaluation of his/her experience upon completion.

HOUSING:

There is no call room available.

Temporary housing:
Granville Towers: (919) 370-4500

How Suite It Is: (919) 923-6787
UNC School of Dentistry
VISITING STUDENT POLICY

1. Prospective visiting students must
   a. complete a Visiting Student Application Form,
   b. submit a letter of intent describing areas of interest and the dates available to
      attend UNC,
   c. be currently enrolled in good standing at another dental school, and
   d. provide two (2) letters of recommendation, transcripts from their dental school,
      and a letter of recommendation from their academic dean.
   e. Prior to arrival provide documentation of current TB testing and Basic Life
      Support training.
   f. Upon arrival complete the UNC HIPPA training or provide documentation of
      similar training

2. Visiting students will be responsible for their own funding and arranging their own
   room and board.

3. A curriculum will be designed for them and they will be allowed to attend seminars,
   participate in core didactic courses and electives, and participate or observe in
   clinics as available.

4. Visiting students will be allowed to participate in patient care activities only if
   approved by the department involved. Visiting students are allowed to deliver patient
   care only in exceptional circumstances.

5. There are no guarantees that this program will be available at any specific time and
   participation is possible on a space available basis only.

6. The application must be approved three (3) months prior to the start of the program.

7. Each visiting student will be enrolled in the University and the School of Dentistry
   and will be designated as a Visiting Student.

8. No degree or certificate will be awarded.
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SCHOOL OF DENTISTRY
APPLICATION FOR VISITING STUDENT

Answers should be typewritten or neatly printed.

Name: ________________________  Preferred name: ________________
(first)              (middle)             (last)

SS No. _______________  Sex: M___  F___  DOB: _______ Citizenship_______

Ethnic:  Amer. Ind. ___  API ___  Afr. Amer. ___  Caucasian ___ Hispanic ___
Other ___

Current Mailing Address: _____________________________________________
(# & St.)                     (City)               (State)           (Zip)

Telephone:  _________________

Email address: __________________

Permanent Mailing Address: __________________________________________
(# & St.)                (City)               (State)           (Zip)

Telephone: __________________

Emergency Contact Person ___________________________________________
(Name)                               (Address)

Telephone: __________________

Undergraduate Colleges Attended:
School  From  To  Major

________________________  ________  ________  __________

________________________  ________  ________  __________

Current Dental School:  __________________  ________  ________

UNC School of Dentistry Department Sponsor: ________________________

UNC Faculty Sponsor: ________________________

∣(signature)∣

I am voluntarily providing my social security number on this application with the
understanding that it will be used only as a personal identifier for the internal record-
keeping and data processing operation of this institution.

________________________  (signature)  _______________  (date)
THESE QUESTIONS ARE IMPORTANT. If you answer “yes” to any of them, please attach an explanation.

Have you been out of school for other than routine vacation?    Yes ___ No___

Have you ever been suspended, expelled, dismissed, or otherwise subject to any disciplinary sanction from any secondary schools or colleges?    Yes___ No___

Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there such criminal charges against you at this time?    Yes ___ No___

I understand this statement and upon my honor do certify that the information furnished by me in this application is true to the best of my knowledge.

__________________________  _______________________
(Signature)                  (Date)

Statement of Equal Educational Opportunity

The University of North Carolina at Chapel Hill is open to people of all races and is committed to equality of educational opportunity and does not discriminate against students or employees based on race, color, national origin, religion, sex, age, or disability. Any complaints alleging failure of this institution to follow this policy should be brought to the attention of the Assistant to the Chancellor. The University of North Carolina at Chapel Hill actively seeks to promote integration by recruiting and enrolling a larger number of African American, Native American, and other minority students.

Please submit the following with the application:
  Letter of intent describing areas of interest and dates available
  Current Dental School transcript
  Two letters of recommendation
  Letter of recommendation from academic dean

Please return the completed application with supporting material to:
  Glenn J. Reside, DMD
  Clinical Associate Professor
  Dept. of Oral and Maxillofacial Surgery
  CB #7450, 149 Brauer Hall
  University of North Carolina
  Chapel Hill, NC  27599-7450

  Telephone: (919) 537-3944
  Email: glenn_reside@dentistry.unc.edu