

UMKC Oral & Maxillofacial Surgery Externship Application

STEP-BY-STEP GUIDE TO APPLYING

The Program

The Oral and Maxillofacial Surgery program at the University of Missouri - Kansas City, offers one to four week externships to qualified dental students.

Our externship offers a student considering a career in Oral and Maxillofacial Surgery the opportunity to gain experience and knowledge in the specialty of Oral and Maxillofacial Surgery.

Accepted students will be expected to participate in the operating room and clinical management of patients as well as taking call and the scheduled didactic conferences of the residency program. The extern may be involved in clinical patient care that occurs at the Truman Medical Center and Children's Mercy Hospital.

Furthermore, the extern will be required to present at one of the OMS conferences during their stay in Kansas City, and involvement in research is encouraged.

The Application Process

1. The school/student reaches out to Education Coordinator, Nicole Johnson seeking a rotation. Nicole will then reply with an application process email which includes information about the rotation and needs as well as contact information for a school official to communicate and verify information with.
The student will need to submit the application at least 90 days in advance to move on in the process.
2. Nicole will have Program Director approve dates and then communicate the accepted dates with the student. Then introduces via email the student to TMC's Corporate Manager, Sheila Porter.
3. Sheila verifies a clinical affiliation agreement is in place with the school. If there is not an agreement, Sheila initiates the paperwork with the school official.
**Please note the agreement process takes time to pass through both legal departments. This cannot be performed for a student seeking quick placement.
4. Once the agreement is in place and the completed paperwork has been accepted and reviewed (usually within five business days), Nicole emails the student, the TMC clinical instructor, TMC Occupational Health and TMC security to notify them of any remaining items or of the student's approval. The student may not begin at TMC until Nicole sends an email clearing the student.
5. Attached to the approval email will be any additional information, like parking, dress code, etc.
6. On the first day of the rotation, someone from the department will escort the student to the appropriate badging office (locations/hours listed below).

Application Requirements

- Student must be in good academic standing at their home institution.
- Student must have been instructed on OSHA safety measures and infection control processes.
- Student must take electives for credit at their home institution.
- Student must have malpractice insurance coverage of \$1,000,000 per instance and \$3,000,000 aggregate.
- Student must hold personal health insurance.
- Completion dates must be verified by home institution.
- Student must meet Truman Medical Center immunization requirement and complete a TMC Health Form.
- Student must provide date of a completed criminal background check.
- Student must complete required paperwork and provide the last 6 digits of their SSN.

To complete the application process, include the following:

1. Affiliation Agreement between Truman Medical Center and your institution
2. Personal Statement- Motivation for OMS, reasons for externship
3. Curriculum Vita
4. Copy of Dental School Transcript
5. Photograph - *clear photo (.png or .jpg format).*
6. Letters of Recommendation
 - a. Dean's letter must include
 - Class Rank
 - NBDE, if applicable
 - Confirmation of Malpractice liability coverage
 - b. OMS Chair/Program Director/ Faculty Member
7. Immunization Records
 - a. TB Test Results
 - b. Flu Vaccine
 - c. Immunization Record
8. BLS Certificate
9. Proof of HIPAA Training
10. TMC Badge Request Form
11. TMC Health Form

If you have questions throughout the process,

Nicole Johnson may be reached at 816-404-4356 or Nicole.Johnson@tmcmcd.org

Application

Applicant Information

Full Name: _____ DATE: _____

Address: _____
Last First M.I.

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ EMAIL _____

Dental School: _____

Education

Year: 2nd 3rd 4th Other: _____

Class Rank: ____/____ NBDE 1: _____ NBDE 2: _____

Research Activities/ Interests: _____

Externship Dates

Requested Time Period:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Send Application and Required Documents to:

Nicole Johnson
Truman Medical Center, Dept. of Oral & Maxillofacial Surgery
2101 Charlotte St. University Health Building, Suite 310
Kansas City, MO 64108