



2019 AO STUDENT EXTERNSHIP PROGRAM

Chair: Dr. Andrea Heckler – Toronto Chapter

Committee: Dr. Yossi Kassirer (Haifa) • Dr. Mark Luria (Detroit)

Dr. Stephane Abitbol (Paris) • Dr. Mervyn Druian (London)

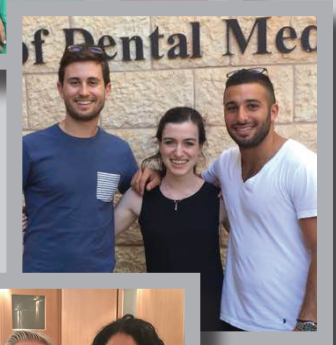
OVERVIEW: Alpha Omega offers dental students the opportunity to conduct a two-week externship. These externships consist of 'over the shoulder' dentistry where students can watch all phases of dentistry in private dental offices and interact with Alpha Omega dentists to expand, enrich, and gain more knowledge in their dental careers.

EXTERNSHIP GUIDELINES

- Each externship city offers different features from year to year. **It is completely up to the local alumni chapter that you are assigned, to structure your externship, NOT International Alpha Omega or the Externship Chairperson.** If there is a particular area of dentistry that you are interested in, you must make your request when initially contacting the alumni member overseeing your externship program.
- You must make your own arrangements with regards to both travel and accommodations. **This is your responsibility,** but in many cases, your hosts may either provide you with a place to stay or help you to make other arrangements. In the past, for example, some externs have contacted, if available, the student chapter in a nearby dental school for possible living arrangements.

The program usually runs for two weeks (and sometimes only one), but you are welcome to extend it at the discretion of your hosts.

- Preference will be given to those students who joined AO during their first or second year of dental school and are active in their student chapters. Attendance at International meetings is also highly encouraged for preferential city placement.
- The Alpha Omega Externship program is not affiliated with any University, Dental School, or Hospital. Students should apply with the knowledge that their dental visits will be in private practices.
- **Students can only apply and participate in the AO externship program the summer prior to their graduation from dental school.**



2019 AO EXTERNSHIP APPLICATION

INSTRUCTIONS: this application must be accompanied by your current dental school transcript (unofficial is acceptable) and two (2) letters of recommendation: one from the president of the student chapter and one from an active, paid AO alumnus in the area.

MAIL OR EMAIL APPLICATIONS TO:

Dr. Andrea Heckler
1086 Bathurst Street
Toronto, ON, M5R 3G9 Canada

Email: drandrea@annexorthoperio.com
Office: (416) 925-7300

SUBMISSION DEADLINE: FRIDAY, MARCH 1, 2019

Name: (Last)		(First)	(MI)
Home Address 1			
Home Address 2			
State/Postal Code		Email	
Country	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB / /
Parent's Home Address		Citizenship	Place of Birth
Student Chapter			
RESUMÉ OF PREVIOUS EDUCATION:			
Name	Location		Years Attended
College			
Dental School			Month/year of expected graduation

SUMMARY OF ALPHA OMEGA ACTIVITIES:

Date you pledged and initiated / /	Student activities and offices held
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Leadership seminars and International Conventions attended

List any awards, prizes or honors you have received

List all memberships in professional organizations and types of activities

List your city preference by placing a number next to that city name. You must select at least 6 cities. First priority goes to students most active in AO both internationally and in their own chapter, along with those that have joined their chapter either the first or second year of Dental School. Most cities limit the number of externs.

- | | | | | | |
|-----------------------------------|--|--|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Boston | <input type="checkbox"/> Calgary | <input type="checkbox"/> Chicago | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Dallas |
| <input type="checkbox"/> Denver | <input type="checkbox"/> Detroit | <input type="checkbox"/> France | <input type="checkbox"/> Israel | <input type="checkbox"/> London | <input type="checkbox"/> Miami |
| <input type="checkbox"/> New York | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Seattle (only one wk) | <input type="checkbox"/> Toronto | <input type="checkbox"/> Washington D.C. | |

Please indicate if there is a specialty you are interested in: _____
(The externship will expose you to general dentists and all specialties. We will do our best to ensure you get exposed to as much of that specialty as possible.)

Have you applied for or participated in a similar externship program? _____ If so, please explain _____

Do you speak a foreign language? _____ If so, which one(s)? _____

Do you have any dietary restrictions? _____

Non-North Americans: Do you have an International driver's license and are able to rent a car if needed (minimum age to rent a car is usually 25)? _____

List any dates you will **not** be available for the program in the summer. _____

THANK YOU FOR YOUR SUBMISSION TO THE 2019 AO EXTERNSHIP PROGRAM

You will be notified approximately in mid April. If you need additional writing space, please attach another sheet. **Applications received after March 1, 2019 will be placed on a waiting list.**

Office Use Only: Date Received _____

Accepted _____ Rejected _____ Alternate _____