



Externship Application – Oral and Maxillofacial Surgery

Department of Dentistry and Oral and Maxillofacial Surgery
Montreal General Hospital - McGill University Health Center
1650 Cedar Avenue, Montreal Quebec, Canada.

APPLICANT INFORMATION

PERSONAL

Name: _____

Date of birth: *year / month / day*

Citizenship: _____

Email address: _____

DENTAL EDUCATION - *either conferred or completing (a minimum of two years completed of a DDS, BDS or DMD is required)*

University: _____

Degree: _____

Graduation / Expected graduation year: _____

EXTERNSHIP WEEK/S REQUESTED

Externships are scheduled through mid July to mid November and mid January to mid May. Externships occur Monday to Friday.

Requesting an externship of 1 week 2 weeks

Week of:

1. *year / month / day (Monday)* *(first choice)*
2. *year / month / day (Monday)*
3. *year / month / day (Monday)*

REQUIRED SUPPORTING DOCUMENTS

1. C.V.
2. Support letter, example: letter from your dental school confirming your standing or Program Director/Supervisor
3. Immunization history, including COVID immunization history
4. Completed externship application

Please forward your completed application as a single PDF to omfsprogram.dentistry@mcgill.ca

Throughout your externship you will be granted the privy to observe clinic duties, procedures, and interventions. At no time during your externship are you allowed to actively participate in diagnostic, clinical or surgical procedures.

Boarding and any expenses incurred during your externship, are to be covered by yourself.