

ANESTHESIOLOGY EXTERNSHIP
at the
The Ohio State University
College of Dentistry

Extern Details

Name: _____
Phone: _____

Contact Person in Case of Emergency: _____ Phone: _____

Present Dean of Academic Affairs/Student Advisory:

Name: _____
Address: _____
Name of Parent Institution: _____

To Be Completed by Extern

By signing this form, I am indicating my acceptance of the dental anesthesiology externship position at the Ohio State University, from _____ through _____. I certify that I am covered by health insurance in case of personal injury. I understand that I must abide by the rules of the Department of Oral and Maxillofacial Surgery, Pathology, and Anesthesiology at the Ohio State University College of Dentistry.

Signature of Applicant: _____ Date: _____

To Be Completed by Administrative Dean or Student Advisor of Extern's Parent Institution

I certify that the student in question, who has requested to participate in the above mentioned externship, is doing so with the knowledge and permission of our institution and that the student's malpractice insurance will continue to be the responsibility of our institution or his/her personal responsibility (delete which does not apply). I certify that this student is in good academic and professional standing at his/her institution.

Signature of Dean/Student Advisor: _____ Date: _____

To Be Completed by Supervisor at The Ohio State University

During this student's anesthesiology externship at the Ohio State University College of Dentistry, he/she will be under the direct supervision of the full-time faculty in the Department. This student will not be asked to perform any activities during which he/she is not directly supervised. The anesthesiology faculty at the College of Dentistry will be responsible for the extern's supervision and will provide a written evaluation of this student's performance upon request. The student will be required to keep a written log of activity while participating in this externship and the accuracy of this log will be verified by the extern's supervisor.

Signature of Supervisor: _____ Date: _____