



Penn Residency Education and Preparation Support Program (PREPS)

Application for Visiting Dental Students

Date: _____

Student's Name: _____ D O B: _____ Gender: _____

City of Birth: _____

Mailing Address: _____

Email Address: _____ Telephone #- _____

Dental School in which you are enrolled: _____

Address of School: _____

Emergency Contact Name: _____

Emergency Contact #: _____

Current Status of Student: D1 ___ DS 2 ___ DS 3 ___ DS 4 ___

Ethnicity (Optional): _____

Specialty Interest: Please list 3 and number according to preference, 1 being the most preferred:

Applicant signature: _____ Date: _____

To be filled out by Academic Dean:

Name of Associate Dean for Academic Affairs: _____

Phone #: _____ Email address: _____

Does the applicant demonstrate a high level of maturity and professionalism?

“The student applicant has health insurance coverage (**PLEASE PROVIDE PROOF**), has received HIPPA training, has received all appropriate immunizations, holds a valid CPR card and is in good standing”.

Signature of Academic Dean: _____ Date _____

Upon acceptance the applicant will be sent a link to upload their immunization records including current TB test results and Covid 19 vaccination.

Please return by March 1st by email:
Dr. Beverley A. Crawford
University of Pennsylvania School of Dental Medicine
3rd Floor Evans Building
Office of Diversity and Inclusion-Student Initiatives
240 S 40th Street,
Philadelphia, Pa 19104
PDMDiversity@dental.upenn.edu
Phone #: (215) 898-2840