



Penn Residency Education and Preparation Support Program (PREPS)
(Post-Graduate Externship Program)

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: ____ DS 1 ____ DS 2 ____ DS 3 ____ DS4

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 applicants' patient interaction 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 result and Covid vaccine information.

Please return by email to:
Dr. Beverley A. Crawford
beverlyc@upenn.edu
Phone #: (215) 898-2840