



## **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:

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**Applicant must include a personal statement reflecting on their interest in the indicated specialty. Essay should be no more than 1-page, 12-font and double-spaced and can include the applicant's lived experiences. Applicant must also provide their most current dental school transcript.**

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.**

*\*\*\*Colleges and universities are asked by many groups, including accrediting associations, to describe the ethnic/racial backgrounds of our students and employees. To fulfill these requests, we ask this question. This information is confidential and completely voluntary. The University of Pennsylvania does not discriminate regarding race, color, sex, religion, national origin, sexual orientation, or handicap.*

Please return by **February 1<sup>st</sup>** by email:

Dr. Beverley A. Crawford  
University of Pennsylvania School of Dental Medicine  
3<sup>rd</sup> Floor Evans Building  
Office of Diversity and Inclusion-Student Initiatives  
240 S 40<sup>th</sup> Street,  
Philadelphia, Pa 19104  
[beverlyc@upenn.edu](mailto:beverlyc@upenn.edu)  
Phone #: (215) 898-2840