Penn Dental Medicine
University of Pennsylvania

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 ____

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

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.

Please return by **Febuary 1st** by email:

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