

**Oral Facial Surgery Institute Educational Fellowship  
Program**



**2026 - 2027**  
APPLICATION

**I. PERSONAL INFORMATION**

**Applicant Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_

## II. EDUCATION

Dental School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Percentile Rank/GPA: \_\_\_\_\_

### ADVANCED DEGREE:

School: \_\_\_\_\_

Year: \_\_\_\_\_

Degree: \_\_\_\_\_ Course of Study \_\_\_\_\_

### UNDERGRADUATE DEGREE

School: \_\_\_\_\_

Year: \_\_\_\_\_ Degree: \_\_\_\_\_

## III. INTERNSHIPS/RESIDENCIES/FELLOWSHIPS

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Chairman/Chief of Staff: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates of Training (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Chairman/Chief of Staff: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates of Training (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Chairman/Chief of Staff: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates of Training (mm/yy): From: \_\_\_\_\_ To: \_\_\_\_\_

#### **IV. PRACTICE/EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

#### **V. REFERENCES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## **VI. RESEARCH/PUBLICATIONS**

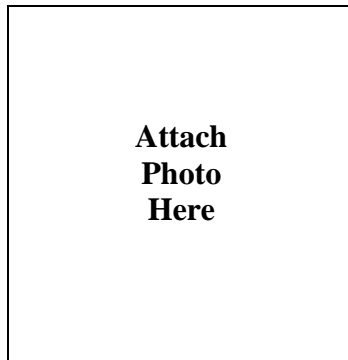
**Please list any previous research or publications (use additional sheets if necessary):**

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**Please attach a recent 2" x 2" photograph**



**Please attach the following documents:**

- **Letter of recommendation from your OMS Program Director**
- **Resume and/or Curriculum Vitae**
- **Brief statement (~300 words) of why you should be considered for this Fellowship Program**

**I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for denial of receipt of a fellowship.**

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**Applicant's Signature**

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**Date**