



# University of Nebraska Medical Center™

**BREAKTHROUGHS** FOR LIFE.®

**UNMC Oral and Maxillofacial Surgery  
UNMC Department of Surgery  
UNMC College of Medicine**

## *Application for Externship or Clerkship:*

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Medical School and/or Dental School: \_\_\_\_\_

Year in School: 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ Other \_\_\_\_\_

USMLE NBME (CBSE): \_\_\_\_\_ NBDE (Pass/Fail): \_\_\_\_\_

Applicable Current Research: \_\_\_\_\_

\_\_\_\_\_

### **Additional Items:**

- Please include a brief introductory personal statement (i.e., Motivation for OMFS as a career, Reason for Externship, etc.) [150 words or less, please attach to application]
- Unofficial Copy of Medical School/Dental School Transcript, include current class rank/GPA if applicable
- Confirmation of Proof of Malpractice Insurance (this can be obtained often at little to no cost from most major carriers, please specify Oral and Maxillofacial Surgery, not dentistry)

### **Email or Mail to:**

Becky Palensky  
OMFS Residency Program Coordinator  
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