

## Applicant Information

Name \_\_\_\_\_

Email \_\_\_\_\_

University / College \_\_\_\_\_

Year in School

Freshman

Sophomore

Junior

Senior

Post-Baccalaureate \_\_\_\_\_

## Shadowing Experience

Date	Practice / Location	Dentist	Specialty	Hours	Observations

## Clinical Skills Exposure (Check any that were **observed or assisted with**)

### Clinical Procedure

- Comprehensive evaluation
- Restorative procedures
- Crown preparation
- Root canal therapy
- Extractions
- Dental implants
- Periodontal surgery
- Orthodontic treatment

### Clinical Operations

- Sterilization protocol
- Instrument setup
- Patient preparation
- Dental radiographs
- Chairside assisting

### Digital Dentistry

- Intraoral scanning
- CBCT imaging
- Digital treatment planning
- CAD/CAM workflow
- 3D printing

## Volunteer Experience

Organization	Location	Activity	Hours	Notes

### Examples

- community dental clinic/ health outreach/ patient education/ translation services
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### Experience Summary

Total Shadowing Hours \_\_\_\_\_

Total Volunteer Hours \_\_\_\_\_

Specialties Observed \_\_\_\_\_

Key Lessons Learned \_\_\_\_\_

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### Mentor Verification (Optional)

Dentist / Supervisor Name \_\_\_\_\_

Practice \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_