



**School of Dental Medicine**  
 Office of International Relations  
 240 S. 40th Street  
 Philadelphia, PA 19104-6003  
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 Fax: 215-573-9606

**Community Oral Health**  
*Outreach to the Communities*  
*Local and Global*

## International Externship Application Packet

This sheet **MUST** be submitted with the required items **(1), (2) and (3)** listed below and initialed and signed by Externship Coordinator or Faculty Member in charge of student's elective

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 University

1. Completed Application

\_\_\_\_\_  
 Coordinator/Faculty Initials

2. Proof of Regular Immunizations:

Measles

\_\_\_\_\_  
 Coordinator/Faculty Initials

Mumps

Rubella

Tetanus/Diphtheria/Pertussis

Hepatitis B

Chicken Pox (Varicella)

Tuberculosis Testing

Seasonal Influenza (For externships from October 1st to March 31st)

3. Proof of Negative TB Test (within one year of visit)

\_\_\_\_\_  
 Coordinator/Faculty Initials

4. Liability Release Form

\_\_\_\_\_  
 Coordinator/Faculty Initials

**I attest that all immunizations listed on this form are correct and accurate.**

\_\_\_\_\_  
 Provider's Name (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Provider's Signature

\_\_\_\_\_  
 Date

**Application Packets must be submitted to the Penn Dental School Office of International Relations via the Externship Coordinator or Faculty Member in charge of student's elective**