



Visiting Dental Student Clerkship Application

Rochester, MN

Thank you for your interest in Mayo Clinic for your Visiting Dental Student Clerkship. Please review eligibility requirements and complete the below application, including all required supporting documents, for consideration.

Visiting Dental Students Eligibility Requirements:

- Junior/senior in dental school
- Class rank is typically within the top 25% for Orthodontics (when available), for Prosthodontics and Oral and Maxillofacial Surgery (OMS) electives, there is no preference of class rank
- Availability of one-week rotation (Orthodontics & Prosthodontics) or one to two-week rotation (OMS)
- Enrolled in dental school at the time of the clerkship
- In good academic standing at your dental school
- Attend a CODA or CDAC accredited dental school
- Completion of application and supporting documentation
- Received the required immunizations (documentation required *after* clerkship is approved)

Application Supporting Documents Must Include:

- One letter of recommendation from dental school faculty or Oral and Maxillofacial surgeon (**OMS applicants**- letter should confirm clinical competence for your level of training)
- Official or unofficial dental school transcript
- Curriculum vitae (CV) including a list of publications/research projects (if available)
- Personal statement (including why you are interested in Mayo Clinic and the specialty in which you are applying)
- Photograph
- Dental school verification form---must be completed by your dental school official and emailed back to Clerkship@mayo.edu

Completed applications, including all supporting documents, must be received a minimum of **60** days prior to the start of your rotation. Students may only apply one time and must select rotation dates for a one to two-week rotation period (*Orthodontics and Prosthodontic rotations are only one week in length*).

Please send your completed application and supporting documents to:

- Oral and Maxillofacial candidates- submit [here](#)
- Orthodontic candidates- submit [here](#)
- Periodontic candidates- submit [here](#)
- Prosthodontic candidates- submit [here](#)

You will receive a response within approximately 21 days following the submission of your completed application. Please contact Clerkship@mayo.edu with any questions regarding the application process.



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Personal Data

Name _____
No Initials Last, First Middle Date of Birth

Address _____
Street Apartment

_____ City State ZIP or Postal Code

Phone _____ Fax _____ Email _____

Dental School _____

Entrance Date _____ Expected Graduation Date _____

Have you been convicted of any crime (felony, gross misdemeanor, or misdemeanor)? Yes No

If yes, describe _____

Note to all Applicants: You are not required to disclose information concerning convictions that have been annulled, expunged, impounded, sealed, pardoned, or statutorily eradicated. A criminal conviction will not constitute an automatic bar to admission but will be considered in the context of the specific program for which you have applied. However, falsifying your application by omitting information will be grounds to bar admission.

Program Data

Rank your clerkship choices in descending order. List only those dates in which you will participate.

Clerkship Requested	Campus	Dates (mm-dd-yyyy)		No. of weeks
		From	To	
1. _____	<u>Rochester, MN</u>	_____	_____	1-2
2. _____	<u>Rochester, MN</u>	_____	_____	1-2
3. _____	<u>Rochester, MN</u>	_____	_____	1-2
4. _____	<u>Rochester, MN</u>	_____	_____	1-2

(application continued)

Demographic Information Check all that apply. Completing this area is voluntary and will not affect consideration of your application.

Citizenship: Are you a U.S. citizen? Yes No
Are you a U.S. Permanent Resident? Yes No

If you are not a U.S. citizen and/or Resident, indicate your country of citizenship _____

Country of Birth: _____

Gender: Female Male

Race/Ethnicity: Mayo Clinic is an equal opportunity employer and educator. We are committed to developing a diverse environment in research, education, and clinical practice. The information requested is voluntary and confidential.

Ethnicity: What is your ethnicity? Select Hispanic/Latino or Non-Hispanic/Latino.

Hispanic/Latino – a person of Spanish culture or origin regardless of race. *If you selected Hispanic or Latino, select one or more of the following:*

Central American Cuban Mexican, Mexican-American, Chicano/Chicana

Puerto Rican South American

Other, Spanish Culture or origin regardless of race (except Spain). Specify _____

Non-Hispanic/Latino

Race: What is your race? **Select one or more races from the following five major racial groups.** An individual whose ethnicity is Hispanic can also be White as defined in this questionnaire.

American Indian/Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Specify Tribe/Community _____

Native Hawaiian or Pacific Islander – A person having origins in any of the original peoples of Hawaii or the U.S. Pacific Islands.

Hawaii

Guamanian

Samoan

Other, specify _____

Black/African American – A person having origins in any of the black racial groups of Africa. Inclusive of “Haitians” and groups of Afro-Caribbean descent.

African American

African Born American

African

Caribbean Black

Other, specify _____

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Cambodian

Chinese

Filipino

Indian

Japanese

Korean

Laotian

Pakistani

Taiwanese

Thai

Vietnamese

Other, specify _____

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other, specify _____

Scholarship Program for U.S. Medical Students and U.S. Citizens

If you are interested in applying for a scholarship, check the appropriate box below.

Diversity Scholarship (Mayo Clinic in Florida, Rochester, or Arizona)

Do you plan to apply to a Mayo Clinic Residency? Yes No

If yes, what program? _____

How did you find out about the Mayo Clinic Visiting Clerkship?

- Friend/mentor
- Internet search (specify below)
- Mayo Clinic website
- Conference (specify below)
- Other (specify below)

Specify _____

Have you ever participated in a Mayo Clinic summer career development and/or research training program?

- Summer Research Fellowship
- Postbaccalaureate Premedical Program
- Clinical Preceptorship Program
- Clinical Research Program
- Career Development Conference
- Clinical Research Training Program
- Other _____

