

Dear Applicant:

Community Regional Medical Center is an extremely busy Level I Trauma Center in the “Central Valley” of California. With the exception of Neurosurgery, we are the only surgical service that takes Head and Facial Trauma. The UCSF Fresno OMFS program at the Cedar Avenue Campus is currently accepting applications for a **1-year, fully paid Internship in Oral & Maxillofacial Surgery**, encompassing July 1 – June 30. Interns will be expected to function in the same capacity as a resident by attending daily rounds, daily clinic, on-call, scrubbing into daily OR cases, and attending all conferences and seminars. The candidate should be interested in pursuing a career in OMFS.

**The internship is open to graduate dental students who
Attended a program fully accredited by the ADA.**

Benefits include an annual pay of \$47,266 (\$24.57 hourly) plus:

- Vacation, sick leave, internet access, scrubs/lab coats, parking and meals.

Please provide the following:

- 2x2 color photo, current copy of dental/undergrad transcripts, CV and 2 letters of recommendation.

Send information to:

Community Medical Centers – Cedar Campus
Lynn A. Foote – Dental/OMFS
445 So. Cedar Avenue
Fresno, CA 93702

You will be contacted only if selected for an interview.

Thank you.

**APPLICATION FOR ONE YEAR INTERNSHIP IN
UCSF FRESNO ORAL & MAXILLOFACIAL SURGERY**

Community Medical Centers – Cedar Campus
445 South Cedar Avenue
Fresno, CA 93702
Phone (559) 459-6927
FAX (559) 459-6914

Beginning July 1,		Social Security #:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Name in Full (no initials):				DOB:	
Present Address, City, State, Zip:					
Home Phone: ()		School Phone: ()		Other: ()	
Home Fax: ()		E-Mail:			
School Fax: ()		State of Health (any defects):			
Citizenship: US <input type="checkbox"/> Other:				Visa Status:	
High School Attended:		City/State:		Yr. Graduated:	
Colleges Attended:			City/State:		
			City/State:		
From: to	Degree:	Major:		Yr. Granted:	
School of Dentistry:			City & State:		
Date Started:	Degree:	Date Granted/Expected:			
Other Professional Experience (i.e.; Clerkships, Private Practice):					
California Dental License #:			Pending:		Date:
Other:		No. #:		Date:	
Signature of Applicant:				Date:	