



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

APPLICATION FORM TO PARTICIPATE IN THE FACULTY OF DENTISTRY OBSERVER PROGRAM

Last Name: _____ First Name: _____

Address: _____

Street Address

Apt/Suite #

City

Province/State

Postal Code

Telephone Number: _____ E-mail Address: _____

Dental School: _____ Expected Date of Graduation: _____
(dd/mm/yyyy)

Please specify the specialty clinic you wish to observe in:

Desired dates of visit: _____ to _____
(dd/mm/yyyy) (dd/mm/yyyy)

I certify that the information in this request to participate in the University of Toronto, Faculty of Dentistry Observer Program is correct to the best of my knowledge. Furthermore, I acknowledge and agree that I am not permitted to engage in patient treatment or work in the student laboratories during my stay. I would be here solely as an observer. I also understand I shall personally be responsible for all costs and fees associated with my travel expenses and housing.

Student Signature: _____ Date: _____

Only complete applications will be considered and processed

Please mail complete application to:

STUDENT SERVICES OFFICE

104-124 Edward Street, Toronto/Ontario/ M5G 1G6 Canada

Tel: +1 416 864-8113 • <http://www.dentistry.utoronto.ca>



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To be completed by the Dean or Designate of the Visiting Dental Students University or the Program Director for the Visiting Clinical Specialty Students from Canadian and International Programs

STUDENT'S NAME: _____

NAME OF DENTAL SCHOOL: _____

ADDRESS: _____

The above-named student is a _____ year dental student

The above-named student is a _____ year dental specialty student

Will your institutions Liability Insurance cover this student? Yes ☐ No ☐

Will the student be covered by personal Health Insurance: Yes ☐ No ☐

The above-named student is in good standing at this institution. The student is authorized to take this clinical instruction and (will / will not) receive academic credit for the experience.

NAME

TITLE

DATE

AUTHORIZING SIGNATURE



SEAL OF INSTITUTION

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APPLICATION CHECKLIST

- completed application form
- \$250 application service fee (bank draft or money order payable to the University of Toronto)
- statement of intent (outline your goals for the visit to the Observer program)
- Curriculum Vitae or Resume
- Official dental/specialty school transcript or letter from dental school indicating enrolment status

Documents to be arranged for once acceptance letter to the program has been received

- Provide proof of adequate TB screening done within 3 months prior to visit
- Immunization record
- Current Basic CPR or ACLS Certification

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