

The University of Texas Health Science  
Center at San Antonio

Department of Dental Diagnostic Science

**2010 Forensic Odontology Fellowship  
Application**

This application should be typed or completed in black ink.

Date of Application: \_\_\_\_\_ Projected entry date: June 2010

Length of Fellowship Applied for: 20 Months (300 Contact hours)

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Social Security Number (if applicable): \_\_\_\_\_

Male Female Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

City and Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Legal Permanent Residence (if different): \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Fax number: Work (\_\_\_\_)\_\_\_\_\_ Home (\_\_\_\_)\_\_\_\_\_

e-mail address: \_\_\_\_\_

webpage address: \_\_\_\_\_

EDUCATION: List Colleges, universities and professional schools attended

School	Degree	Graduation Date
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Are you a citizen of the United States of America? Y N

If no, will you obtain health insurance while in the United States? Y N

COMPLETE THE FOLLOWING INFORMATION IF YOU ARE A CITIZEN OF ANOTHER COUNTRY,  
BUT PRESENTLY RESIDING IN THE U.S.A. Type of Visa: \_\_\_\_\_

Please list acquaintances in the Forensic field that you might have that we may  
contact for a reference.

_____	(____)_____
Name	Telephone

Describe your level of experience with computers:

None Beginner Intermediate Experienced

What word processing program do you routinely use?

\_\_\_\_\_

Do you have experience using Adobe Photoshop? Y N

Do you take intraoral photographs in your dental practice? Y N

What type of camera do you use? \_\_\_\_\_