



John Peter Smith Hospital
Department of Oral and Maxillofacial Surgery
Application for Internship

Name _____

Email Address _____

Phone Number(s) _____

Required Documentation

- Curriculum Vitae
- Two letters of recommendation – from dental school faculty or current post-grad training program faculty
- Personal Statement
- Part 1 of NBDE score, Part 2 (if applicable)
- NBME Comprehensive Basic Science score report
- Transcripts from undergraduate and dental school(s)

Please send this page and required documentation to:

Email: hportwood@jpshealth.org

or

Fax: 817-702-1497 ATTN: Holly Portwood

or

Mailing Address:

Department of Oral & Maxillofacial Surgery
ATTN: Holly Portwood
1625 Saint Louis Avenue
Fort Worth, TX 76104

Please note: All interns for 2019-2020 academic year will be chosen following match in January 2019.