



AMCHI 2012 APPLICATION FORM

Name of applicant: _____ Date of birth: _____

Email address: _____ Nationality: _____

Mailing address: _____

Years of completed study as of June 2012: _____ Number of years in full course: _____

Name of institution: _____

Are you a licensed dentist? _____ If so, how long have you been a licensed dentist? _____

If you are a practicing dentist, what type of practice are you in (private, group, hospital, public health...)?

Which languages can you speak? _____

Due to the remoteness of the project, please tell us if you have any medical conditions.

ON A SEPARATE SHEET OF PAPER:

1. Briefly (500 words or less) explain why you wish to be a part of this project.
2. In less than 300 words, please explain your level of training and previous work experience.
3. In less than 200 words, have you had any previous international experience (either work or pleasure).
4. For dental students, provide one letter of recommendation from a dental school instructor.

General Information:

Application deadline: January 31st, 2012

Send completed application materials to: amchi2012@gmail.com

Mail hard copy of letter of recommendation to the address below by the application deadline and mail scanned copy to the above mentioned email address.

Wisdomtooth PO Box 5217 Wenatchee, WA 98807 USA	
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