



School of Dentistry
Department of Pediatric Dentistry

LSU Pediatric Dentistry Externship Application

Thank you for your interest in the Pediatric Dentistry Externship at LSU Health New Orleans School of Dentistry. Please complete the application below and submit it along with your personal statement.

Applicant Information

Full Name:

Preferred Name (if different):

Email Address:

Phone Number:

Current Dental School:

Expected Graduation Year:

Mailing Address:

Are you a U.S. citizen or permanent resident? (Yes/No):

Dates you are available for externship (please provide 2–3 options):



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Application Checklist

- ☐ Completed application form
- ☐ Personal statement (1 page max) including:
 - Reason for interest in LSU Pediatric Externship
 - Goals and expectations for the experience
 - Prior experiences with pediatric patients (if any)
- ☐ Current resume or CV
- ☐ Unofficial dental school transcript
- ☐ Letter of good standing from your dental school
- ☐ Proof of immunizations or vaccination record (including TB screening, Flu & COVID-19)

Please submit all materials via email to:

Dr. Sterling M. Roberts
Email: srob46@lsuhsc.edu
Fax: 504.941.8200 (if necessary)

We look forward to reviewing your application and welcoming you to our department!

Applicant Signature

Signature: _____

Date: _____

For Department Use Only

Externship Dates Approved: _____

Date Reviewed: _____

Approved By (Faculty/Staff): _____

Notes: _____
