

**LSUHSC Oral and Maxillofacial Surgery  
Internship Application**

- \_\_\_ LSUSD Application form or PASS application
- \_\_\_ Photograph
- \_\_\_ CV
- \_\_\_ Official Undergrad Transcripts if unofficial copy is provided at time of application we must have official copy after acceptance to program
- \_\_\_ Official Dental School Transcripts or Pass Application if unofficial copy is provided at time of application we must have official copy after acceptance to program
- \_\_\_ Official Copy of Board Scores PASS report is accepted if also reported in the dental school recommendation letter in the PASS packet. If unofficial copy is provided at time of application we must have official copy after acceptance to program
- \_\_\_ TOEFL if applicable
- \_\_\_ Three letters of recommendation, one must be from the dean of your dental school, one from the chairperson of the oral and maxillofacial surgery department from your dental school, and one from a faculty member who can discuss your talents. Or Pass Application

**Official – either mailed directly to me from these institutions or in an unopened envelope with the institutions stamp or signature across the unopened flap closure line.**

Please mail or e-mail all items to:  
Attn: Jessica Helgeson Markey  
LSU School of Dentistry  
Department of Oral and Maxillofacial Surgery  
1100 Florida Ave, Box 220  
New Orleans, LA 70119  
E-Mail: [jhelge@lsuhsc.edu](mailto:jhelge@lsuhsc.edu)