





THE INSTITUTE FOR FACIAL ESTHETICS





INTERNSHIP AT PROSTHODONTICS INTERMEDICA

Thank you for your email and request to participate in a postgraduate education program at Prosthodontics Intermedica at the Institute for Facial Esthetics. We have numerous requests from doctors wishing to come to our center to gather research and to study implant prosthodontics understanding that no financial assistance is available from Prosthodontics Intermedica or Institute for Facial Esthetics.

HOW TO APPLY FOR INTERNSHIP:

-  Please mail us your resume with cover letter and a personal statement describing why you wish to pursue an internship program at Prosthodontics Intermedica.
-  Also, enclose a copy of your dental or medical school diploma.
-  Enclose two letters of reference from either faculty members at your school or professional colleagues with whom you have worked.
-  An application appears below. Please copy the application to your word processor, fill it out, and send it to us via postal mail with your cover letter and CV.

OTHER REQUIREMENTS:

-  As an intern at Prosthodontics Intermedica, you must have the independent means to support yourself during your studies here.
-  You must have a secure living quarters
-  A means of transportation to and from the center.
-  You will be required to present a valid visa, passport or appropriate documents for US Immigration if you are not a US citizen.

Note: Prosthodontics Intermedica and Institute for Facial Esthetics cannot assist you in obtaining any of the above.

PROFESSIONAL LIMITATIONS:

If you do not have a license to practice dentistry in Pennsylvania, your participation will be limited to directly assisting the doctors as well as clinical and surgical observation. **Interns are also expected to actively participate in our research projects.** Data gathering, computer input, and data analysis are all tasks performed by interns.

As a clinical assistant, you will learn: a) To diagnose and treatment plan a patient for implant prosthodontics, b) To set up the operating suite for surgical placement of Brånemark dental implants, c) To plan and create implant supported prostheses, d) To perform oral hygiene on implant patients, e) To diagnose and manage complications, f) Sterilization procedures, and g) To organize the dental laboratory.

Our normal business hours are from 8:00am to 5:00pm from Monday to Thursday. To meet the requirements of internship, students must be prepared to work and study five full days each week. The fifth day will be devoted to research and writing a research report for publication. Interns are required to be present in our office during those hours for the entire duration of their internship. Interns are expected to be active and interested participants in the work of Prosthodontics Intermedica. Interns must bring their own scrubs and lab coat or they will be required to purchase them at Prosthodontics Intermedica.

SUGGESTED ADJUNCTS:

Interns should also bring their own clinical camera.

Magnifying glasses, operating telescopic lenses or similar forms of personal visual enhancement is recommended.

Lap top computers are also helpful but not essential.

If you have an interest in Prosthodontics Intermedica under these guidelines, please let us know when you would like to come and how long you would like to stay. We look forward to hearing from you. **Crissy Litzenbauer, Human Resources Manager** for Dr. Balshi internship applicants. You should direct all questions and email to her.

Institute For Facial Esthetics
467 Pennsylvania Avenue
Fort Washington, PA 19034 USA

TEL: 215-646-6334
FAX: 215-643-1149
PITEAM@pidentalcenter.com
WEB SITE: pidentalcenter.com

INSTITUTE FOR FACIAL ESTHETICS APPLICATION FOR INTERNSHIP

GENERAL INFO:

Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Country: _____

Zip Code: _____ Province: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ U.S. Social Security Number: _____

Citizenship (Country – Passport issued) _____

HOW DID YOU LEARN ABOUT US?

- Advertisement Friend _____ Relative _____
- PI or IFFE Web Page Nobel Biocare Web Page Other _____

GENERAL INTERNSHIP:

Type of Internship Applied For:

- Implant Prosthodontic Research Associate Dental Assistant Other

Why do you want to participate in an internship in this facility?

List some specific areas of training that you would like to learn during your internship here:

Duration of Internship:

Tuition: Institute for Facial Esthetics

- | | |
|--|-----------------|
| <input type="checkbox"/> 2 month program | \$4,800.00 USD |
| <input type="checkbox"/> 4 month program | \$8,000.00 USD |
| <input type="checkbox"/> 6 month program | \$11,000.00 USD |

OTHER:

Have you ever filed an application with us before? YES NO

If yes, give date: _____

Are you currently attending school? YES NO

If yes, please provide school name, major, date started, date of expected graduation:

Are you currently employed as a dental specialist or auxilliary? YES NO

If yes, as a dental specialist? _____

What specialty? _____

As a general dentist? _____

As a dental auxillary? _____

Other, please specify? _____

On what date are you available to begin internship? _____

Please indicate your level of fluency in the English language:

- | | |
|---|---|
| <input type="checkbox"/> Cannot speak English | <input type="checkbox"/> Cannot read and write English |
| <input type="checkbox"/> Some knowledge to speak English | <input type="checkbox"/> Some ability to read and write English |
| <input type="checkbox"/> Moderate fluency in speaking English | <input type="checkbox"/> Moderately skillful in reading and writing English |
| <input type="checkbox"/> Very fluent in speaking English | <input type="checkbox"/> Very skillful in reading and writing English |
| <input type="checkbox"/> Highly fluent in speaking English | <input type="checkbox"/> Highly skillful in reading and writing English |

What is your native language? _____

What other languages do you speak, read, or write? _____

Please describe any additional specialized training, apprenticeships, skills, and extra-curricular activities.

Have you been convicted of a criminal offense? (Give details)

List professional, trade, business or civic activities and offices held.

**State any additional information you feel may be helpful
To us in considering your application on a separate page.**

Please provide an details of your education:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Primary or Elementary School				
Intermediate or High School				
Undergraduate College or University				
Dental or Medical School				
Advanced Dental Specialty Training				

Employment Experience:

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			