



KADA

Korean American Dental Association of Southern California

OFFICIAL USE ONLY
APPLICATION #:

Internship Application

In order to be considered for an internship, you must submit a signed and completed application form.

Personal Information:

Name: _____ Male Female

DOB (MM/DD/YYYY): _____

Permanent Address (street, apt., city, state, zip code): _____

Home Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Hepatitis B Vaccine Received (Strongly recommended): Yes No

Academic Information:

<u>Type of School</u>	<u>Name and Location</u>	<u>Degree/Date</u>	<u>Major/Minor</u>
High School	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Awards: _____

Overall GPA: _____ Science GPA: _____ DAT Score (Complete only if applicable): _____

- Hepatitis B vaccine requirement: If not received, strongly recommend to get one. Otherwise must sign a waiver.
- Transportation, parking (if applicable), must be arranged individually.

CERTIFICATION AND SIGNATURE

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for dismissal.

Signature: _____

Date: _____