UCSF Fresno

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## APPLICATION FOR 4-YEAR RESIDENCY
## UCSF FRESNO ORAL & MAXILLOFACIAL SURGERY

155 N Fresno St
Fresno, CA 93701
Phone: (559) 459-6927

| | | |
|---|---|---|
| Beginning July 1, | Social Security #: | Match Number: |
| Name in Full (no initials): | DOB: | Marital Status: ☐ Married ☐ Single |
| Present Address, City, State & Zip: | | |
| Home Phone: | Cell: | Other: |
| E-Mail: | Dent Pin #: | |
| Citizenship: ☐ US ☐ Canadian Other: | | Visa Status: |
| High School Attended: | City, State: | Yr. Graduated: |
| College Attended: | City, State: | |
| From: to | Degree: | Major: Yr. Granted: |
| College Attended: | City, State: | |
| From: to | Degree: | Major: Yr. Granted: |
| School of Dentistry: | City, State: | |
| Date Started: | Date Completed: | Degree: |
| Other Professional Experience (i.e.; clerkships/externships, private practice): | | |
| CA Dental License # (if applicable): | | Date Obtained: |
| Other: | License #: | Date Obtained: |
| Signature of Applicant: | | Date: |