

Policy for Elective Externships

Creighton University School of Dentistry offers its students externships as a required component of the senior dental education curriculum (CPD 412). Students may also seek other non-required (elective) externships during their four-year education provided they are not on academic probation. These elective externships are to be limited to programs that issue a degree or certificate (i.e. post-doctoral specialties, GPR and AEGD) or that provide dental services to disadvantaged populations (i.e. Indian Health Service or Community Health Centers). This policy specifically excludes service trips, continuing education courses, and private practices. All elective externships must be approved in writing with a formal agreement between Creighton University and the externship site. Students who participate in elective externships without a formal agreement may be subject to disciplinary action and will not be covered by the university's professional liability insurance. Students who participate in non-approved externships do so at their own risk and should not represent themselves as dental students of Creighton University School of Dentistry. Additionally, if this occurs while the dental school is in session, time spent away from school will be considered as an unexcused absence. Only those elective externships that are approved will receive an excused absence designation.

The Director of Extramural Programs facilitates student requests for elective externships and is the liaison between the university, dental school, and externship site. The Director will ensure appropriate documentation is complete prior to any externship and will keep this on file at Creighton University School of Dentistry.

Elective externships do not replace any part of the Creighton dental school discipline-based, clinical curriculum. No academic credit will be issued for participation, including RVU's. Only students who are in good academic standing will be approved for elective externships. Absences due to these externships will not be considered in promotions or appeals decisions. In requesting approval for elective externships, the following guidelines apply:

1. All student requests for elective externships must be made by submitting a signed *Policy for Elective Externships* form and a completed *Request for Approval for Elective Externships* form (Part A and B) to the Director of Extramural Programs. Students should allow sufficient time for processing requests for externships. Requests for externships that require an affiliation agreement need to be submitted 30 days prior to the absence. Requests for residency program externships need to be submitted 10 days prior to the absence.
2. Prior to the end of the first semester of the third year, students may only provide direct patient care while on an externship if it is affiliated with an educational institution, such as a medical center or school of dentistry.
3. Third and fourth year students may be absent from regularly scheduled curriculum time for no more than 2 consecutive weeks with a maximum of 4 weeks total each academic year. Any student approved for absence to attend an elective externship is fully responsible for all missed didactic, laboratory and/or clinical assignments. Students in the first and second year may only be absent during times when school is not in session. Except under certain special circumstances, no student at any level may participate in an elective externship during a time when final exams are being administered, including those exams offered "outside" the scheduled final exam period (see Final Exam Attendance Policy).
4. Students will be notified by the Director of Extramural Programs if their request has been approved or denied.

Printed Name

Date

Signature (I have read, fully understand and agree to comply with this policy)

Request for Approval for Elective Externships

PART A

Student Name _____
Senior Junior Sophomore Freshman

Destination (name of institution and address):

Brief Description of Externship (type of program): _____

Dates of Externship: _____

Dates for Travel to/from Externship: _____

Contact Information for Supervising Dentist (name, e-mail or telephone number)

PART B

The following signatures are required for participation in elective externships:

Director of Extramural Programs: _____
(Kelly A. Gould, MPH, RDH)

Senior Associate Dean for Academic Affairs: _____
(William P. Kelsey III, DDS)

Assistant Director of Clinics: _____
(Joe Franco, DDS)

Assistant Dean for Student Affairs: _____
(Colette O'Meara-McKinney, MEd)

Office Use Only:

Date submitted: _____ Date notified: _____ Approved Denied

Affiliation agreement: _____

Revised: 04.11.17