

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

OMS LICENSURE POLICY ACKNOWLEDGEMENT

I have received and reviewed a copy of the attached MCWAH policy on licensure and agree to take the required dental regional board examination within the timeline specified in the policy. I understand failure to pass the required examination within the timeline specified will result in non-renewal of my Training Agreement.

Name (please print)

Signature

Date

1. I have successfully passed Parts I and II of the National Board Dental Exam.

Yes

No Explain: _____

2. I have successfully passed a dental regional board examination.

Yes Date: _____ Exam Name: _____.

No I plan to take _____ on _____.
(Exam Name) (Month/Year)

Please complete, print, sign, date and return this form to the MCWAH office in the envelope provided. Incomplete or non-receipt of this form in the MCWAH office can cause delays in the start of your training.

Medical College of Wisconsin Affiliated Hospitals, Inc.

Institutional Policy

LICENSURE REQUIREMENT FOR THE ORAL AND MAXILLOFACIAL SURGERY RESIDENTS

The MCWAH Oral and Maxillofacial Surgery (OMS) residents are required to acquire the appropriate license related credentials as outlined below.

1. Incoming OMS residents must have successfully passed Parts I and II of the National Board Dental Examination.
2. OMS residents must pass one of the dental regional or state examinations and be licensed in any state within 18 months after their start date.
3. Failure to comply with the above policy will result in non-renewal of the training agreement. Exceptions to this policy can be made only by the Executive Director of MCWAH to accommodate extenuating circumstances.

Effective Date: 10/5/2002

Revision History: 05/15/2006

Supersedes Policy: N/A

Review Date: N/A

Approved By: Mahendr S. Kochar, MD
Executive Director & DIO
MCWAH