



**Bartram Dental Assisting School**  
Assisting for the Next Generation

130 Gateway Circle  
St. Johns, FL 32259  
T: 904.201.6000 F: 904.201.6004

**VOLUNTARY ADJUNCT FACULTY APPLICATION – Please complete and FAX to BDAS**

Student Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

Dentist Name : \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Office phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**Dentist Mentor:**

I, \_\_\_\_\_ (print name) am committed to facilitating learning and the role of mentor, and I undertake to complete all requirements associated with the mentor program.

Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

*In most offices, an experienced team member is significantly involved in the training process. Please select the team member in your office that will be working with the student. If only the doctor will be working with the student, this space may be left blank.*

**Experienced Dental Assistant / Hygienist Mentor:**

I, \_\_\_\_\_ (print name) am committed to facilitating learning and the role of mentor, and I undertake to complete all requirements associated with the mentor program.

Signature of DA/HYG: \_\_\_\_\_ Date: \_\_\_\_\_

**EXTERNSHIP COMMENCEMENT FORM - Please complete and FAX to BDAS**



**Bartram Dental Assisting School**  
Assisting for the Next Generation

130 Gateway Circle  
St. Johns, FL 32259  
T: 904.201.6000 F: 904.201.6004

Student Name: \_\_\_\_\_ Program Session: \_\_\_\_\_

**EXTERN SITE CONTACT INFORMATION**

**Mentor #1:** *First choice for school to contact regarding questions. Usually a DA/HYG.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mentor #2:** *Second choice for school to contact regarding questions. Usually the dentist.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT EXTERNSHIP INFORMATION**

Externship Start Date: \_\_\_\_\_

Schedule of Days and Hours: \_\_\_\_\_

**Special Instructions:** *Students will wear steel gray scrubs, leather shoes, hair pulled back, minimal jewelry and make-up. If you have other requirements, please list below.*

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY – CAREER SERVICES DEPARTMENT**

Career Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_