



Erie County Medical Center

Department of Dentistry/Oral Oncology & Maxillofacial Prosthetics

PLEASE SUPPLY THE FOLLOWING INFORMATION:

1. Online Application: [DENTIST/MAXILLOFACIAL PROSTHETICS FELLOW ECMC](#)
2. Cover Letter
 - Please include: (a) your reasons for seeking advanced training and education in a Maxillofacial Prosthetics Fellowship Program; (b) your career goals as to your plans for practice, research, teaching, community health programs, etc, (c) any additional information you feel is pertinent to your application.
3. Current Curriculum Vitae
4. Copy of DDS or DMD diploma
5. Official Dental School transcript
6. Three letters of recommendation: evaluators may mail or email to Dr. Colebeck
7. Color photograph

WE REQUIRE OF ALL APPLICANTS:

1. Graduation from a U.S. or Canadian CODA-accredited dental school, or international dental school that provides equivalent educational background and standing as determined by the program.
2. Graduation from a U.S. or Canadian CODA-accredited postgraduate Prosthodontics Program.
3. Personal Interview - Interviews will only be scheduled after your application and all supplementary materials have been received.

DEADLINE FOR APPLICATION IS AUGUST 1ST OF EACH YEAR. ROLLING APPLICATIONS PAST AUG. 1ST WILL ONLY BE ACCEPTED IF THE POSITION HAS NOT BEEN FILLED.

FORWARD APPLICATION MATERIALS TO:	Forward a digital copy of Cover Letter, CV, Waiver, and Photo to:
Amanda Colebeck, DDS, MS, FACP c/o Christine Lendway Dentistry/Oral Oncology & Maxillofacial Prosthetics Erie County Medical Center 462 Grider Street Buffalo, NY 14215 Phone: 716-898-1736 Fax: 716-898-5229	Amanda Colebeck, DDS, MS, FACP acolebeck@ecmc.edu



Erie County Medical Center

Department of Dentistry/Oral Oncology & Maxillofacial Prosthetics

WAIVER FOR STUDENTS SUPPLYING REFERENCES

In order to obtain evaluations of a student, it is deemed desirable that letters of recommendation be written and maintained in confidence. While non-confidential letters will be received and carefully considered, confidential letters may have more utility in the assessment of the student's qualifications and abilities. Therefore, students are invited but not required to sign the following waiver:

I understand that letters of recommendation concerning me are to be written and maintained in confidence, and I expressly waive any rights I might have to access such letters under the Family Educational Rights and Privacy Act of 1974, or any other law, regulation or policy.

Applicant's Signature

Date

I do not agree to this waiver

Applicant's Signature

Date