



## Externship at AlBahri Dental and Orthodontic Center.

### Externship Program

**Director:** Rami Albahri DDS, MMSc.

### **Program Description**

Albahri Dental and Orthodontic Center (ABDOC) in Alain offers a week or more externship opportunity for fourth- and fifth-year dental students, practicing dentists and interns who are considering a career in prosthodontics, periodontics or Implant Dentistry and would like additional exposure to the specialties.

Albahri Dental and Orthodontic Center is a multi-specialty practice housing approximately 200 years of experience collectively between the different doctors and specialists. The extern will gain exposure to the full scope of Prosthodontics, full mouth rehabilitations, crowns and bridges, implant prostheses, implant surgeries whether immediate, early or delayed, full mouth implant placement and immediate load, soft tissue grafts, bone augmentations, sinus augmentations \*. He/she will have the opportunity to observe in our clinics, attend surgical cases, and participate in all didactic lectures and conferences. The extern may also have the opportunity to rotate through our other off-site affiliate institutions (Abu Dhabi Branch or Specialized Medical Care Hospital). The Extern will also be attending the lectures that are routinely given at ABDOC.

Upon completion of the externship, the extern will be presented with a “Certificate of Completion” with the dates attended and will be admitted to the study club affiliated with ABDOC.

\*Depending on patient scheduling and availability of procedures.

\*\* Depending on procedures and interview process.



### Application Instructions

For the externship program, please mail or email the following documentations as one package to:

Rami Albahri

Sheikh Zayed Bin Sultan Road, Building 105

Al-Ain, United Arab Emirates

Email: r.albahri@albahridental.com

**Externship application deadline is two weeks prior to your start date (In order to schedule appropriate cases for your externship).**

1. Mandatory **Interview**.
2. Updated Resume.
3. Letter of intent stating your interest in the externship program at ABDOC.
4. Copy of dental school transcript.
5. The dates of when you would like to participate in the externship.
6. BLS or ACLS certification.
7. Copy of your Emirates ID or Residence (Iqama).
8. **Provide documentation of vaccination or proof of immunity for Mumps, Rubella, Measles, and Varicella.**
  - a. **Requirements**
    - 2 MMR vaccine dates *or* titer results. Must include vaccine dates and/or titer results.
    - Hep B surface anti body titer. Must include dates.
    - 2 Varicella vaccine dates *or* positive titer results. Must include vaccine date(s) and results of a positive titer/
  - b. Receive a **flu vaccination**. Must include dates. Personnel who decline a flu vaccine must wear a mask on during flu season.
  - c. **COVID-19 vaccine**: Must provide proof with date of both vaccines and booster.
  - d. **AlHosn needs to be Green with minimum 7 days.**

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#### Tuition Fees:

**1000-1500 AED per day, minimum of 3-day externship. \*\***

Payment methods: Cheque, Credit Card, or Cash.

Cheque payable to “Al Bahri Dental and Orthodontic Center LLC”

If you have any questions, please contact Sarah Elizabeth Jones at +971 52 517 8950 or via email at [info@albahridental.com](mailto:info@albahridental.com)

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## APPLICATION FOR CLINICAL OBSERVERS

### SECTION 1: *To be completed by student.*

TO: Rami Albahri  
Al Bahri Dental and Orthodontic Center – AlAin.

I would like to apply for an externship in your center

during the period

\_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.

STUDENT'S NAME: \_\_\_\_\_.

Telephone: \_\_\_\_\_.

Email: \_\_\_\_\_.

How did you hear about this Externship: \_\_\_\_\_.

What Specialty are you most interested in \_\_\_\_\_.

During your externship, what would you like to observe?

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### Educational Background

Dental University Name: \_\_\_\_\_.

Graduation Date: \_\_\_\_\_.

GPA: \_\_\_\_\_.

Academic Awards: \_\_\_\_\_.

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## STATEMENT OF PRIVACY LAWS AND POLICY

It is the legal and ethical responsibility of all ABDOC faculty, staff, house staff, students, trainees, volunteers, and contractors to use, protect, and preserve personal and confidential patient, employee, and business information, including medical information for clinical or research purposes (referred to here collectively as “Confidential Information”), in accordance with UAE laws and ABDOC policy.

“Confidential Information” includes information that identifies or describes an individual, the unauthorized disclosure of which would constitute an unwarranted invasion of personal privacy. Examples of confidential employee and University business information include home address, telephone number, medical information, date of birth, citizenship, spouse/partner/relative names, income tax withholding data, performance evaluations, proprietary/trade secret information, and peer review/risk management information and activities.

“Medical Information” includes the following no matter where it is stored and no matter the format: medical and psychiatric records, photos, videotapes, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology samples, patient business records (such as bills for service or insurance information), visual observation of patients receiving medical care or accessing services, and verbal information provided by or about a patient. Medical information, including Protected Health Information (PHI), is maintained to serve the patient, health care providers, health care research, and to conform to regulatory requirements.

Unauthorized use, disclosure, viewing of, or access to confidential information in violation of UAE laws may result in personal fines, civil liability, licensure sanctions and/or criminal penalties, in addition to civil law disciplinary actions.

### Privacy Policy and Acknowledgement of Responsibility

I understand and acknowledge that:

- It is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all confidential information relating to ABDOC, its patients, activities, and affiliates, in accordance with applicable laws and ABDOC policy.
- I will access, use, or disclose confidential information only in the performance of my observer-ship, when required or permitted by law, and disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.

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\*\* Depending on procedures and interview process.



- I will not knowingly discuss any confidential information within hearing distance of other persons who do not have the right to receive the information. I will protect confidential information which is disclosed to me during my relationship with ABDOC.
- It is my responsibility to follow safe computing guidelines.

o I **will not** be utilizing any ABDOC computers, devices or hard drives.

o I **may be personally responsible** for any breach of confidentiality resulting from an unauthorized access to data on an unencrypted device due to theft, loss or any other compromise.

o I will not share any **Login or User ID and/or password** with any other person. If I believe someone else has used my Login or User ID and/or password, I will immediately report the use to ABDOC Branch Manager at +971 52 517 8950

- Under UAE laws and regulations governing a patient's right to privacy, unlawful or unauthorized access to or use or disclosure of patients' confidential information may subject me to disciplinary action up to and including immediate termination from my employment/professional relationship with ABDOC, civil fines for which I **may be personally responsible**, as well as criminal sanctions.

**By signing below:**

- I attest that I will maintain complete confidentiality of all patients and patient information.
- I have read, understand, and acknowledge all the above STATEMENTS OF ABDOC PRIVACY POLICY and the ACKNOWLEDGEMENT OF RESPONSIBILITY.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

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