Externship at AlBahri Dental and Orthodontic Center.

Externship Program in Prosthodontics, Periodontics and Implantology.

Program Director: Rami Albahri DDS, MMSc, FRCDC, FACP.

Dr. Rami Albahri is a Double U.S. and Canadian Board-Certified Prosthodontist, specialized in facial esthetics, dental prosthetics, and full-mouth rehabilitation, including implant reconstructive surgery. Dr. Albahri graduated from New York University with a Doctor of Dental Surgery (DDS), followed by a dual degree program of a Master's in Medical Sciences (MMSc) degree and residency program in Prosthodontics from the Prestigious Harvard School of Dental Medicine. He is a Fellow of the Royal College of Dentists of Canada (FRCDC) and a Fellow of the American College of Prosthodontists (FACP).

He is the recipient of multiple awards and grants in the United States including "Best of the Best Award, Excellence in Prosthodontics". Dr. Albahri has multiple publications in peer-reviewed journals along with being a reviewer in "Dentistry Review Journal" in the US. He's an international lecturer, having lectured in the Middle East, United States and Europe. He currently practices in Abu Dhabi and Al-Ain, UAE at Albahri Dental & Orthodontic Center.

Additionally, his expertise has been recognized through exclusive features in numerous journals and magazines, including, Maxim, Life & Style Magazine, ok Magazine, Radar Online, Khaleej Times, Live Mint, LA Weekly, NY Weekly, US Magazine and USA Today.

Program Description

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

*Depending on patient scheduling and availability of procedures.
** Depending on procedures and interview process.
Updated: 1st June 2026.

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). 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.

Please be informed that the externship/observership is not an accredited program by DOH or any governing body and has no continuing education credits.

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Al Bahri
Since 1978
Dental & Orthodontic Center
مركز البحري لطب وتقويم الأسنان

Application Instructions

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

Dr. Rami Albahri

Email: r.albahri@albahridental.com

Externship application deadline is four 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.
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.

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Tuition Fees:

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

Payment methods: Cheque, Credit Card, or Cash at the Reception.

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

If you have any questions, please email **r.albahri@albahridental.com** or **call** +2 575 1856 or **WhatsApp** +971 56 343 1856

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APPLICATION FOR CLINICAL OBSERVERS

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

TO: Rami Albahri
Al Bahri Dental and Orthodontic Center

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?

_____

_____

_____.

Educational Background

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Dental University Name: _____.

Graduation Date: _____.

GPA: _____.

Academic Awards: _____.

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:

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- 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.
- 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 Adminstration.

- 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 _____

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Print Name _____

Date _____

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