

**Loma Linda University School of Dentistry
Oral and Maxillofacial Surgery
General Information Graduate Survey**

Year of completion of OMS Residency Program: _____

Practice status: _____ Private Practice
 _____ Solo
 _____ Partnership _____ # of partners
 _____ Associate

Specialty Board Certificate _____ Yes _____ No

Are you board certified or eligible? _____ Yes _____ No

Which areas of the Board were the most difficult to prepare for?

How could your residency training at Loma Linda been improved to assist in preparation for the specialty board?

Did you find the OMSITE useful in preparing for the written portion of the Oral & Maxillofacial Surgery Board exam? _____ Yes _____ No

Are you currently on hospital staff? _____ Yes _____ No

How many hospitals? _____

What is your Medical Staff designation? _____ Active Staff _____ How many?
 _____ Courtesy _____ How many?
 _____ Provisional (pursuing active status)

Are you a medical staff officer (*i.e., Secretary, Chief of Staff, etc.*)?

Are you a member of: AAOMS _____ Yes _____ No
 State OMS Society _____ Yes _____ No
 ACOMS _____ Yes _____ No
 ADA _____ Yes _____ No
 Local Dental Society _____ Yes _____ No
 AMA _____ Yes _____ No

Please indicate if you are an officer in any of the above organizations, now or have been:
