

PART III Description of Service – List most recent first – Make additional copies of this page if more space is needed.

Breakdown of Activities: Check all types of assistance provided and enter the number of hours worked per day.

*****please mark all that apply*****

Country Assigned:	<input type="checkbox"/> Patient Teaching/Training	hrs./day
*Sponsor/Program:	<input type="checkbox"/> Community Teaching/Training	hrs./day
Duration:	<input type="checkbox"/> Oral Surgery (extractions)	hrs./day
Specific Dates:	<input type="checkbox"/> Restorative	hrs./day
	<input type="checkbox"/> Preventive	hrs./day
	<input type="checkbox"/> Diagnostics	hrs./day
	<input type="checkbox"/> Other: _____	hrs./day

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	<input type="checkbox"/> Other: _____	hrs./day

*Religious, Voluntary, or other Nonprofit Organization

