

- Better preparing Native American students pursuing careers in dentistry
- Enrolling and graduating more Native American students at the OU HSC College of Dentistry
- Increasing awareness among all OU dental graduates and other practitioners in Oklahoma of the oral health needs of Native
- Encouraging Native Americans to pursue increased appointments of Native Americans careers in higher education, resulting in to faculty and administrative positions
- Fostering research related to the oral health of Native Americans



## RECRUITMENT

- Presentations at high schools, colleges and dentistry tribal events about career opportunities in
- at the OU HSC and college students American high school Career Day for Native

Academic counseling and tutoring for Native College of Dentistry



American pre-dental students

Preparation assistance for Native Americans scheduled for Dental Admission Test (DAT)

## RETENTION

- Founding of the first student chapter of The Society of American Indian Dentists
- Tutoring and mentoring provided for Native American dental students
- Lecture series on Native American culture and health care issues
- Externships at Indian Health Service and triba

## ROLE MODELS

Native American

Linkage with Native two Native American assistant director and practitioners who can American dental full-time faculty

for prospective denta serve as role models



Bill J. Goodwin, Jr., D.D.S. Cherokee, OU Class of '80, Clinic Administrator/ **Dental Director** Cherokee Nation

1A	Please complete the following questionnaire
	to advise us of your interest in the Native
	American Center of Excellence Consortium
	at the OU HSC College of Dentistry. Detach
R	this card and mail.

THE UNIVERSITY OF OKLAHOM
HEALTH SCIENCES CENTE

The OU HSC College of Dentistry is located in central Oklahoma, a state proud of its 35 tribes. Oklahoma is home to the largest population of Native Americans in the U.S., and the OU HSC College of Dentistry produces the highest number of OU HSC College of Dentistry produces.

Native American graduates of any dental school in the nation

LAST NAME	FIRST		MIDDLE
MAILING ADDRESS			
CITY		STATE	ZIP
PERMANENT ADDRESS			
CITY		STATE	ZIP
PHONE: Home ()		Work (	)

PHONE: Home (	)	Work (	<u>,,, , , , , , , , , , , , , , , , , , </u>	
Please complete	one of the	boxed categ	ories to	the right

Name of School Cur	rently Attending				
Location	City	c	State Zip		
High School or _			SOPH JR SR GRAD		
Overall GPA Science GPA					
	Male Date of Birth				
Female Social Security No					
Tribe			Documented?		
TEACHER/COUNSE	LOR	отн	ER		
Subject(s)		Inter	est in the Center		
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School/Location		SA O			