**PROGRAMA DE ESPECIALIZACIÓN ODONTOLÓGICA**

**ADMISIÓN AÑO ACADÉMICO 2026**

La información solicitada en el presente documento debe ser respaldada mediante los certificados correspondiente en formato digital en la plataforma de postulación habilitada para este fin.

1. **ANTECEDENTES PERSONALES**

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| **APELLIDO PATERNO** | | **APELLIDO MATERNO** | | **NOMBRES** | |
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| **EDAD** | **FECHA NACIMIENTO** | | **NACIONALIDAD** | | **ESTADO CIVIL** |
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| **DIRECCIÓN PARTICULAR** | | **COMUNA** | | **CIUDAD** | |
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| **N° CÉDULA IDENTIDAD** | **TELÉFONO FIJO** | | **TELÉFONO CELULAR** | | **CORREO ELECTRÓNICO** |
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| **MENCIONE LOS IDIOMAS QUE DOMINA** | | | | | |

1. **FORMACIÓN PREGRADO**

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| **INSTITUCIÓN** | **RANKING DE EGRESO** | **AÑO DE EGRESO** | **NOTA TITULACIÓN** |
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1. **ANTECEDENTES LABORALES**
2. Informar empleo actual.

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| **INSTITUCIÓN EN QUE TRABAJA (Sector Público)** | | |
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| **CARGO PRINCIPAL** | **JORNADA** | **FECHA INICIO** |

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| **INSTITUCIÓN EN QUE TRABAJA (Sector Privado)** | | |
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| **CARGO PRINCIPAL** | **JORNADA** | **FECHA INICIO** |

1. Antecedentes de trabajo en el área de servicio social.

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| **SERVICO SOCIAL** | | |
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| **CARGO PRINCIPAL** | **JORNADA** | **FECHA INICIO/FECHA TERMINO** |

1. Informar actividades profesionales previas.

*Comenzar por las actividades en orden cronológico inverso, comenzando por la actividad más reciente y continuando hacia las más antiguas*

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| **INSTITUCIÓN** | **CARGO, ROL O FUNCIÓN** | **AÑO**  **INICIO** | **ANO**  **TÉRMINO** |
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| 1. **ACTIVIDADES DOCENTES**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **INSTITUCIÓN** | **CARRERA O CURSO** | **CARGO O FUNCIÓN** | **AÑO**  **INICIO** | **AÑO TÉRMINO** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *Incorporar las ayudantías en este punto.*   1. **FORMACIÓN POSTGRADO**  |  |  |  |  | | --- | --- | --- | --- | | **TÍTULOS, GRADOS Y ESPECIALIDADES** | **INSTITUCIÓN** | **AÑO DE EGRESO** | **NOTA TITULACIÓN** | |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DIPLOMADO** | **INSTITUCIÓN** | **N° HRS** | **AÑO** | **NOTA FINAL** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Informar cursos realizados con una duración de **10 horas o más**. Los cursos deben ser afines a la disciplina del programa de especialización que postula. Ingresar máximo 5 cursos.     |  |  |  |  |  | | --- | --- | --- | --- | --- | | **CURSO** (Máximo 5 cursos) | **INSTITUCIÓN** | **N° HRS** | **AÑO** | **NOTA FINAL** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. **OTRAS ACTIVIDADES**   Informar participación comoexpositor o autor de trabajos en congresos, cursos, mesas redondas, conferencias o equivalentes en áreas afines a la especialidad. Puede ingresar un máximo de 4 actividades como autor y 4 como coautor.   |  |  |  |  | | --- | --- | --- | --- | | **CONGRESOS** | **EXPOSICIÓN O AUTOR** | **FECHA** | **LUGAR** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
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Indicar publicaciones en los siguientes recuadros:

*Puede incorporar más recuadros de ser necesario.*

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| **NOMBRE DE LA PUBLICACION** | **NOMBRE DE LA REVISTA** |
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| **AÑO DE PUBLICACION** | **AUTOR O COAUTOR** |
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| **INDICAR SI LA REVISTA ES: Scielo/WOS/Scopus/Otro** | **FACTOR DE IMPACTO** |

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| **AÑO DE PUBLICACION** | **AUTOR O COAUTOR** |
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| **INDICAR SI LA REVISTA ES: Scielo/WOS/Scopus/Otro** | **FACTOR DE IMPACTO** |

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| **INDICAR SI LA REVISTA ES: Scielo/WOS/Scopus/Otro** | **FACTOR DE IMPACTO** |

**VII. OTROS ANTECEDENTES**

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| **ANTECEDENTE** | **FECHA** |
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