

## City of Lincoln Appointment Application

### PERSONAL INFORMATION

**Application Date:** 3/31/2016  
**Salutation:** Dr. **Applicant Name:** Garcia, Katherine  
**Legal Residence:** 3100 Mayflower Ave **City/State/ZipCode:** Lincoln, NE 68502  
**Residence Telephone:** (402) 730-0683 **Business Telephone:** (402) 730-0683  
**Applicant Occupation:** pediatric dentist **Employer:** Lincoln Pediatric Dentistry  
**E-mail Address:** katiejgarcia@gmail.com  
**Affirmative Action Information:** Sex Female **Racial/Ethnic Background:** Caucasian/White

### EDUCATION

Children's Hospital of Northwestern University, Chicago, IL, 2011-2013, pediatric dentistry certificate  
Peninsula Hospital, Queens, NY, 2010-2011, General Hospital Residency certificate  
University of Nebraska College of Dentistry, Lincoln, NE, 2006-2010, Doctorate of Dental Surgery  
University of Nebraska-Lincoln, Lincoln, NE, 2001-2005, Industrial Engineering Masters of Science

### PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

Clinic with a Heart  
Mission of Mercy Nebraska  
Junior League of Lincoln  
Heart to Honduras Mission trips

### EMPLOYMENT

Lincoln Pediatric Dentistry, Lincoln, NE July 2013-present

### Board(s) Requested

Lincoln-Lancaster County Board Of Health