

# City of Lincoln Appointment Application

## Personal Information

**Application Date:** 3/31/2016 AM

**Applicant Name:** Dr. Katherine Garcia

**Home Address:** 3100 Mayflower Ave  
Lincoln, NE68502

**Occupation:** pediatric dentist

**Email:** katiejgarcia@gmail.com

**Gender:** Female

**Home Phone:** (402) 730-0683

**Work Phone:** (402) 730-0683

**Employer:** Lincoln Pediatric Dentistry

**Ethnic:** 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

## 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