



Associated General Dentistry Training Programs of Rochester
 Eastman Institute for Oral Health • Rochester General Hospital
 P.O. Box 683
 Rochester, New York 14642

EASTMAN
 INSTITUTE FOR ORAL HEALTH

APPLICATION: Associated General Dentistry Training Programs of Rochester

Indicate which program(s) you wish to be considered:

- AEGD Eastman Dental Center
- GPR Strong Memorial Hospital
- GPR Rochester General Hospital

I am also interested in applying for the:

- M.S. Program
- M.P.H. Program
- Ph.D. Program

Please schedule a joint interview for the M.S. or M.P.H. program.

Ph.D. interviews will be scheduled at a later date

These graduate programs are not required for acceptance into postdoctoral training programs.

Date: _____
 Month Day Year

Name (print): _____
 Last First Middle

Present Address: _____
 Street City

State Zip Country

Date of Birth: _____
 Month/Day/Year

Dental Boards passed (State or States) and score(s):

Phone: Present residence: _____ Weekdays, 9am- to 5 pm _____

Name of Nearest Relative: _____ Relationship: _____

Address: _____
 Street City

State Zip Country

Phone: _____

National Provider Identification number: _____

Undergraduate Education

Undergraduate College(s)	Dates Attended		Major	Degree (if any)
	From month/day/year	To month/day/year		
Name A.				
City State				
Name B.				
City State				

Graduate Education

Dental and Graduate School(s)	Dates Attended		Area of Study	Graduate Degree obtained and/or expected
	From month/day/year	To month/day/year		
Name				
City State				
Name				
City State				

Service Obligations (National Health Service Corp, Armed Forces Scholarship, State Programs, etc)

- I am not required to fulfill any service obligations.
- I am committed to fulfill the following service obligation(s):

Indicate, in order of preference, by using numeral (1,2,3) which three of the following fields of dentistry have interested you most:

- | | | |
|---------------------------|----------------------------------|-------------------------|
| ___ Pediatric Dentistry | ___ Periodontology | ___ Endodontics |
| ___ Orthodontics | ___ Oral & Maxillofacial Surgery | ___ Prosthodontics |
| ___ Preventive Dentistry | ___ Dental School Teaching | ___ Scientific Research |
| ___ Restorative Dentistry | ___ Dental Public Health | ___ Other (specify) |
| ___ General Dentistry | | |

In which of the above fields do you consider yourself most competent?

What are your long-range plans?

- | | |
|---|---|
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Specialty Practice (Specify) _____ |
| <input type="checkbox"/> Research | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Other (specify) _____ |

If you have practice plans, indicate desired location:

TOEFL Score (Foreign Applicants): _____

Can you come to Rochester for a personal interview? Yes No

Post-graduate Experience (Appointments held, Courses, Practice, Military Experience)

ACTIVITY	LOCATION	PERIOD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any additional information regarding special scientific interest or experience, prizes, etc., including a statement of your professional goals

Give the names and addresses of three members of your Dental School Faculty, or other supervisory personnel, who have had sufficient contact with you to judge your personal and professional qualifications. Ask these individuals to send a letter of evaluating to the AGDTPR address given below.

1. Name and Title: _____
Institution: _____
Address: _____

2. Name and Title: _____
Institution: _____
Address: _____

3. Name and Title: _____
Institution: _____
Address: _____

Associated General Dentistry Training Programs of Rochester (AGDTPR)

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Rochester, New York 14642