



EASTMAN
DENTAL CENTER

International Postdoctoral Program in General Dentistry 2010

**UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY
EASTMAN DEPARTMENT OF DENTISTRY
UNIVERSITY OF ROCHESTER EASTMAN DENTAL CENTER
625 Elmwood Avenue
Rochester, New York 14620-2989
(585) 275-8315**

Please print or type:

Date: _____
Month Day Year

I am interested in applying for the:
____MS
____MPH
or ____PhD program.

Please schedule a joint interview
for the MS or MPH program.
PhD interviews will
be scheduled
at a later date

Name (print): _____
First Middle Last

Present Address: _____
Street City

_____ State Zip Country

U.S. Social Security No: _____ Date of Birth: _____

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

Telephone Numbers: Present residence: _____

Weekdays, 9 a.m. to 5:00 p.m. _____

Name of Nearest Relative: _____

Relationship: _____

Address: _____

Telephone No. _____

Undergraduate Education

Undergraduate College(s)	Dates Attended		Major	Degree (if any)
	From (Mo./Yr.)	To (Mo./Yr.)		
Name A.				
City State				
Name B.				
City State				
Name C.				
City State				

Graduate Education

Dental and Graduate School(s)	Dates Attended		Area of Study	Graduate Degree obtained and/or expected
	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)		
Name A.				
City State				
Name B.				
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"/> Research
<input type="checkbox"/> Public Health | <input type="checkbox"/> Specialty Practice (Specify) _____
<input type="checkbox"/> Teaching
<input type="checkbox"/> Other (specify) _____ |
|--|--|

If you have practice plans, indicate desired location: _____

Foreign Applicants: TOEFL Score: _____

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

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 address given below.

1. Name and Title: _____

Institution: _____

Address _____

2. Name and Title: _____

Institution: _____

Address _____

3. Name and Title: _____

Institution: _____

Address _____

Please send completed application and fee to:

**Marilyn Foy, Residency Coordinator
University of Rochester Eastman Dental Center
625 Elmwood Avenue
Rochester, New York 14620
U.S.A.**

**Please remit a non-refundable \$125.00 application fee
(U.S. dollars – Check or money order only)**

Payable to University of Rochester Eastman Dental Center

Eastman Department of Dentistry
University of Rochester Eastman Dental Center
625 Elmwood Avenue
Rochester, NY 14620 U.S.A.

Name _____
First name *Last name*

Date of Birth: _____ Gender: Male _____ Female _____

Place of Birth: _____
City *Country*

U.S. Citizen? Yes _____ No _____

If no, are you a permanent resident in the U.S.? Yes _____ No _____

If no to either of the above, what is your citizenship? _____

Are you currently in the United States? Yes _____ No _____

If yes, visa type? _____

If native language is not English, please provide: _____

TOEFL Score: _____ Date of last exam: _____

E-mail address: _____

Please return this form with your application.