

University of Rochester
University of Rochester Medical Center
Eastman Institute for Oral Health
625 Elmwood Avenue
Rochester, New York 14620-2989 USA
(585) 275-8315

Application Date

Month Day Year

Paste Picture Here

APPLICATION

A \$195.00 non-refundable application fee is required payable to the University of Rochester via Credit Card (<http://www.urmc.rochester.edu/dentistry/eioh-registration/>), Money Order or Personal Check. Money Orders and Personal Checks must be drawn on a US Bank and must be in US Dollars. The non-refundable application fee must be received no later than the application deadline in order for your application to be reviewed and/or considered.

If applying for more than one (1) program a separate, completed application must be submitted for each. Please pay special attention to the way in which you can apply for any of the educational programs as applications received any other way will not be considered. This application is to be used for any educational program that has a "Yes" in the "EIOH" column otherwise you must utilize the application path noted for the specific program.

Please place a Checkmark (✓) next to the Program(s) you are applying for.

- Graduate Medical Education (GME) Residency Training Programs:** In order to be eligible for any of the GME programs you must have graduated from a U.S. or Canadian dental school that is accredited by the American Dental Association's (ADA) Commission on Dental Accreditation (CODA). If you graduated from a non-accredited CODA dental school then you are only eligible to apply for a Postgraduate Student Dental Training Program (See #2 below).

APPLICATION INFORMATION					
	PASS	Match	EIOH	Application Deadline (of year preceding start of program)	Interview Dates (of year preceding start of program)
Advanced Education in General Dentistry @ Eastman Dental *	Yes (Code 121 – 1 yr prog) Yes (Code 150 – 2 yr prog)	Yes (Code 2767 – 1 yr prog) Yes (Code 2769 – 2 yr prog)	Yes	October 15 th	November
General Practice Residency @ UR *	Yes (Code 628)	Yes (Code 8535)	Yes	October 15 th	November
General Practice Residency @ RGH *	Yes (Code 595)	Yes (Code 8515)	Yes	October 15 th	November
N/A Oral & Maxillofacial Surgery (OMFS)	Yes (Code 295)	Yes (Code 1991)	No	October 15 th	December
Orofacial Pain	No	No	Yes	October 15 th	October/November
Orthodontics	No	No	Yes	September 1 st	October/November
N/A Pediatric Dentistry	Yes (Code 330)	Yes (Code 4563)	No	October 1 st	October/November
Periodontology	No	No	Yes	August 1 st	August
Prosthodontics	Yes (Code 416)	No	Yes	August 1 st	August

* These programs are a part of the Associated General Dentistry Training Programs of Rochester (AGDTPR) that also includes Rochester General Hospital (RGH). This program provides a common application form enabling candidates to apply to one, two or all three programs and eliminates the duplication of required supporting documents.

- Specialty Fellowship Programs:** In order to be eligible for either of these Specialty Fellowship Programs you must be eligible for a New York State Dental License and will be required to obtain a medical staff/clinical privileges appointment.

APPLICATION INFORMATION					
	PASS	Match	EIOH	Application Deadline (of year preceding start of program)	Interview Dates (of year preceding start of program)
Geriatric Dentistry Fellowship	No	No	Yes	TBD	TBD
Gerald N. Graser Prosthodontic Implant Fellowship	Yes (Code 416)	No	Yes	August 1 st	August

Name: _____

First Middle Last

3. **Postgraduate Student Dental Training Programs:** These training programs are available to individuals who have graduated from a non-accredited CODA dental school.

APPLICATION INFORMATION					
	PASS	Match	EIOH	Application Deadline (of year preceding start of program)	Interview Dates (of year preceding start of program)
Two-Year Training Program in General Dentistry	No	No	Yes	September 1 st	September/October/November
Orofacial Pain	No	No	Yes	October 15 th	October/November
Orthodontics	No	No	Yes	September 1 st	October/November
Periodontology	No	No	Yes	August 1 st	August
Prosthodontics	Yes (Code 416)	No	Yes	August 1 st	August

4. **Preceptorship Educational Opportunities:** If interested in applying for any of the Preceptorship Educational Opportunities you must complete the “Preceptorship Application”. Please note: any individual accepted into the Preceptorship Program who qualifies for, and is interested in applying to, any of the other programs of study that individual **must** meet all of the requirements associated with that particular program and **must** submit any outstanding required documents.
5. **Graduate Education Programs:** Other opportunities are also available to participate in graduate programs leading to M.S., M.P.H. and/or Ph.D. degrees at the University of Rochester. The M.S. in Dental Science has four tracks from which to choose: 1) Clinical and Translational Sciences; 2) Infectious Diseases; 3) Exocrine Gland/Ion Channel Biology Track Regenerative Oral Biology; and, 4) Craniofacial Development and Genomics. Please know your acceptance into any of the educational training programs offered in the specialty area of Orofacial Pain does not guarantee acceptance into a degree-granting program, and there are additional costs associated with each of these degree-granting programs.

If interested in a graduate educational program please indicate which program you are interested in...

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

Please Note:

- Interviews for the Ph.D. program will be scheduled at a later date.
- If interested in the M.S. or M.P.H. programs joint interviews will be scheduled at the same time as the program interviews.
- These graduate programs are not required for acceptance into the postdoctoral programs.

6. **Instructions for submitting applications:** Please refer to each Program of Study’s “Prospective Applicant Letter” for specific application deadline dates and requirements.

Name: _____

First Middle Last

Education and Professional Information (continued):

4. Undergraduate Education

Undergraduate College(s)	Dates Attended		Major	Degree (if any)	Grade Point Average	Class Standing
	From	To				
Name						
City State/Country						
Name						
City State/Country						
Name						
City State/Country						

5. Graduate Education

Dental & Graduate School(s)	Dates Attended		Major	Degree (if any)	Grade Point Average	Class Standing
	From	To				
Name						
City State/Country						
Name						
City State/Country						
Name						
City State/Country						

6. Postgraduate Education

Postgraduate School(s)	Dates Attended		Major	Degree (if any)
	From	To		
Name				
City State/Country				
Name				
City State/Country				

Name: _____

First Middle Last

Education and Professional Information (continued):

7. Postgraduate Experience ~ Appointments held, Courses, Practice, Military Experience

[illegible]

8. Additional Experience/Activities since graduating from dental school (if applicable):

Patient Care:

Practice Location: _____

Employer: _____

Type of Practice: _____

Dates: _____

Teaching:

Institution: _____

Department/Area of Teaching: _____

Immediate Supervisor: _____

Faculty Rank: _____

Dates: _____

Research:

Institution: _____

Department/Area of Research: _____

Immediate Supervisor: _____

Position Held: _____

Dates: _____

Name: _____
First Middle Last

Education and Professional Information (continued):

8. Additional Experience/Activities since graduating from dental school (if applicable) (continued):

Other:

Activity: _____

Location: _____

Employer: _____

Dates: _____

9. The top three (3) fields of dentistry you are most interested in (by using numerals - 1, 2, 3)...

_____ Endodontics _____ Preventive Dentistry _____ Restorative Dentistry

_____ Dental Public Health _____ Dental School Teaching _____ Scientific Research

_____ Other (specify) _____

Name: _____
First Middle Last

For each of the following please provide concise statements:

1. Professional Goals:

2. Reasons for applying to this program:

3. List or describe any additional information concerning your application that you wish to have considered by the Admission's Committee:

4. If you are applying for similar training in other schools or institutions, please list them here.

School or Institution	City and State

Name: _____

First Middle Last

References: Please provide names and addresses of three (3) members of your dental school faculty or other supervisory personnel, who have had sufficient contact with you to judge your personal and professional qualifications. You need to ask these individuals to complete the “Letter of Recommendation” form and mail it directly to the address noted on the form. Referees can also include a letter of recommendation with the completed form.

Reference #1

Name: _____

Title: _____

Institution: _____

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Reference #2

Name: _____

Title: _____

Institution: _____

Address: _____

Street	City	State	Zip
--------	------	-------	-----

Reference #3

Name: _____

Title: _____

Institution: _____

Address: _____

Street	City	State	Zip
--------	------	-------	-----

**University of Rochester
University of Rochester Medical Center
Eastman Institute for Oral Health
625 Elmwood Avenue
Rochester, New York 14620-2989 USA
(585) 275-8315**

CERTIFICATION STATEMENT

I certify that the information presented in my application is accurate, complete and honestly presented. I also certify that any information submitted on my behalf, including letters of recommendation are authentic. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the withdrawal of any offer of admission, or for discipline, dismissal or revocation of certificate if discovered at a later date.

I also, understand that final acceptance is contingent upon satisfactory completion of academic work, submission of transcript(s), Dean's letter.

Name (printed)

Signature

Date

The University of Rochester provides equal opportunity in admissions regardless of sex, age, race, color, creed, disability, sexual orientation, and national or ethnic origin. Further, the University of Rochester complies with all applicable nondiscrimination laws.