

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

APPLICATION
EIOH POSTDOCTORAL DENTAL TRAINING PROGRAMS

Please note there is a \$195.00 non-refundable application fee payable on-line. Please refer back to website for instructions on how to pay the non-refundable application fee.

Please type or print

Name: _____
First
Middle
Last

For the following please indicate:

1. Which postdoctoral program(s) are you applying for...

Graduate Medical Education (GME) Residency Training Program*:

_____ Orthodontics _____ Orofacial Pain/TMJ

_____ Periodontology _____ Prosthodontics

International Postdoctoral Program:

_____ General Dentistry _____ Orthodontics

_____ Periodontology _____ Prosthodontics

_____ Orofacial Pain/TMJ

2. Which, if any, graduate educational programs do you wish to be considered for...

_____ 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.

*If interested in the EIOH General Practice Residency (GPR) or the EIOH General Dentistry Residency Training Programs please complete and submit an application via the PASS or MATCH programs or by completing our "Associated General Dentistry Training Programs of Rochester" application.

3. Date of Birth

4. Place of Birth

Month Day Year

City State, Zip Code Country

5. Permanent Address

6. Present Address, if different than Permanent

Street Address

City State, Zip Code Country

Street Address

City State, Zip Code Country

Phone # - Please provide the best number to call

Email Address

Name: _____
First
Middle
Last

Education and Professional Information (continued):

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				

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

Activity	Location/Place	Dates	
		To	From

