

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
ASSOCIATED GENERAL DENTISTRY TRAINING PROGRAMS OF ROCHESTER

Please note there is a \$195.00 non-refundable application fee payable on-line. Please refer 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 Graduate Medical Education (GME) Residency Training Program are you applying for? Check all that apply.

_____ AEGD Eastman Dental
 _____ GPR Strong Memorial
 _____ GPR Rochester General

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.

3. Date of Birth

_____ _____ _____
 Month Day Year

4. Place of Birth

_____ _____ _____
 City State, Zip Code Country

5. Permanent Address

_____ Street Address

 _____ City State, Zip Code Country

6. Present Address, if different than Permanent

_____ 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

Name: _____
First
Middle
Last

INSTRUCTIONS FOR SUBMITTING APPLICATIONS

1. Application information and deadlines:

APPLICATION INFORMATION				
Specialty	PASS	Match	EIOH	Deadline <small>(of year preceding start of program)</small>
GPR Strong Memorial Hospital	Yes (Code 628)	Yes (Code 8535)	Yes	October 15 th
AEGD 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
GPR Rochester General Hospital	Yes (Code 595)	Yes (Code 8515)	Yes	October 15 th

2. A non-refundable application fee of \$195.00 must be paid electronically. Please refer to our website for additional information. The non-refundable application fee must be received no later than the application deadline in order for your application to be reviewed and considered.
3. Please mail to the following to the address noted below no later than the respective application deadline.
- a. Completed application.
 - b. Certification statement.
 - c. Picture (2 x 2)
 - d. Curriculum Vitae (CV)

All documents should be mailed to:

Residency Coordinator
 Eastman institute for Oral Health
 625 Elmwood Avenue
 Rochester, NY 14620 U.S.A.

4. The respective individuals or agencies must mail the following documents directly to the Residency Coordinator to the address noted above. None of these items will be accepted if submitted by the applicant.
- a. Appropriate transcripts from Institution of higher learning.
 - b. Three (3) letters of recommendation on the “Letter of Recommendation” form. A personal letter may be included with the form. Please note: one (1) form and letter should be from the Dean of your dental school; and, two (2) should be from senior faculty members or appropriate people. It is recommended that you include with each of the Letter of Recommendation forms a pre-stamped and pre-addressed envelope. The envelope should be addressed to the Residency Coordinator at the address noted above.
 - c. National Board scores directly from the ADA Joint Commission of National Dental Examinations (if applicable).