

SECTION B

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, state citizenship: _____

Visa status: _____ Type: _____ Native language: _____

If native language is not English, please provide:

Toefl score _____ **Date of last exam** _____

Please list all licenses ever held to practice dentistry (if any):

<i>state/jurisdiction</i>	<i>number</i>	<i>date issued</i>	<i>expiration date</i>
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<i>state/jurisdiction</i>	<i>number</i>	<i>date issued</i>	<i>expiration date</i>
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National Board examination scores: Part I: _____ Part II: _____

Grade Point Average: _____ Class standing: _____

SECTION C

Activities since graduation 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: _____

Other

Activity: _____

Location: _____

Employer: _____

Dates: _____

SECTION D

Give a concise statement of your professional goals:

In addition, a personal resume of objectives, past extra-curricular activities, aspirations, aims and future goals is encouraged. Give a concise statement of your reasons for applying to this program.

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

School or Institution

City and State

_____	_____
_____	_____
_____	_____
_____	_____

(continue on another sheet, if necessary)

SECTION E

List below the name and address of the Dean of your dental school, as well as two other faculty or supervisory personnel who have had sufficient contact with you to attest to your professional qualifications. Please forward the enclosed Letter of Recommendation forms to them for mailing directly to this office.

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

INSTRUCTIONS FOR SUBMITTING APPLICATIONS

All applications should be sent to:

Residency Coordinator
University of Rochester Eastman Dental Center
625 Elmwood Avenue
Rochester, New York 14620-2989
U.S.A.

Applicants are requested to have all institutions of higher learning send appropriate transcripts directly to the Residency Coordinator, University of Rochester Eastman Dental Center, at the above address. Other necessary materials include a letter from the Dean of the dental school and two other letters of recommendation using the enclosed forms; National Board scores sent directly by the ADA and Toefl scores, if applicable.

Applicants to the Orthodontic, TMJ, Prosthodontic and Periodontology Programs should enclose a **\$125.00 application fee (check or money order)** made payable to the University of Rochester Eastman Dental Center. The deadline for orthodontic and prosthodontic applications is **September 1**. Periodontic applications are due by **August 1**. Interviews of selected applicants will be scheduled shortly thereafter.

The Residency Coordinator should receive applications to the Pediatric Dentistry Program and TMJD Program no later than **October 15**.

The Pediatric Dentistry Program participates in the Postdoctoral Dental Matching Program. A form to request the agreement package is enclosed.

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 is 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 and a completion of a University of Rochester Health History Form.

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.