

March 2014

Dear Prospective Applicant:

Thank you for your interest in the educational training programs offered in the specialty area of Orthodontic and Dentofacial Orthopedic at the Eastman Institute for Oral Health (EIOH) at the University of Rochester Medical Center (URMC) and the University of Rochester (UR). This program is fully accredited by the American Dental Association's (ADA) Commission on Dental Accreditation (CODA) and is recognized by the New York State Department of Education.

This letter provides pertinent information including the number of available positions, eligibility requirements, application process, deadlines, etc. for the Academic School Year 2015-16. The application forms and required documents as well as a listing of all the Eastman Institute for Oral Health training opportunities and a Q&A segment are available on our website (<http://www.urmc.rochester.edu/dentistry/education/>).

In addition, 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 Orthodontic and Dentofacial Orthopedic does not guarantee acceptance into a degree-granting program, and there are additional costs (tuition, fees, etc.) associated with each of these degree-granting programs.

Important information:

1. **Application process, deadlines and interview dates** (<http://www.urmc.rochester.edu/dentistry/education/>): The process on how to apply along with important dates is outlined in the chart below.

APPLICATION INFORMATION					
	PASS	Match	EIOH	Application Deadline (of year preceding start of program)	Interview Dates (of year preceding start of program)
GME Residency	No	No	Yes	September 1 st	October/November
Postgraduate Student	No	No	Yes	September 1 st	October/November
Preceptorships	No	No	Yes	September 1 st	October/November

2. **Stipends, tuition and fees:** Any expenses associated with an educational program must be paid prior to the start of the program and are subject to change without notice. In addition the fees noted below are estimated as the figures for the School Year 2015-16 will not be available until spring 2015. For:
 - **Stipend-based** positions – health insurance coverage is purchased based on options chosen through the University of Rochester's Benefit Office and the amount estimated below is for single coverage. The Health Professions fee noted in the chart below is in addition to health insurance coverage and is mandatory.
 - **Tuition-based** positions – health insurance coverage and/or an approved waiver and the Health Professions fee are mandatory. The health insurance cost noted in the chart below is for single coverage and includes the mandatory Health Professions fee. For family costs and for more information regarding the insurance, please refer to the University Health Service (UHS) website: <http://www.rochester.edu/uhs/>.

GME Residency Program	Duration	Total Positions Available 2015-16	Stipend	Fees			
				EIOH/Program (Yearly)	NYS Permit (Yearly)	Health Insurance (Yearly)	Health Professions (Yearly - Mandatory)
Orthodontics	2 years	4	\$26,582	\$6,555	\$0	\$971	\$38

Postgraduate Student Dental Training Program	Duration	Total Positions Available 2015-16	Fees		
			Tuition (Yearly)	EIOH/Program (Yearly)	Health Insurance (Yearly)
Orthodontics	2 years	2	\$34,871	\$6,555	\$2,785

Preceptorship Program	Duration	Total Positions Available 2015-16	Fees		
			Tuition (Yearly)	EIOH/Program (Yearly)	Health Insurance (Yearly)
Orthodontics	11 Months	1-2	\$25,000	\$1,225	\$2,747

3. **Application completion and submission:** The chart below summarizes what documents are required in order to apply for and be considered for any of the Orthodontic educational training programs. It is very important that you review the additional information provided below for specifics related to each topic noted in the chart.

REQUIRED DOCUMENTS TO APPLY – See Specifics Below										
	Application	Certification Statement	CV	Personal Statement	2 x 2 Photo	Application Fee	Letters of Recommendation	Transcripts	National Boards	TOEFL Scores
GME Residency	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		No
Postgraduate Student	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Preceptorships *	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No

* 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.

- **Application:** To submit your application:
 - Sign and submit the application (<http://urmc.rochester.edu/dentistry/education/apply.cfm>) directly to EIOH at address noted below.
 - Include the following items with the application:
 - Certification Statement (<http://urmc.rochester.edu/dentistry/education/apply.cfm>)
 - Curriculum Vitae (CV)
 - Personal Statement
 - 2 x 2 Photo
- **Application processing fee (non-refundable):** The processing fee can be paid one of the following ways: 1) online via credit card (<http://www.urmc.rochester.edu/dentistry/eioh-registration/>); 2) money order; or, 3) personal check. Money orders and personal checks must be drawn on a U.S. bank and must be in U.S. dollars. The application fee must be received no later than the application deadline in order for your application to be reviewed and considered. The fee is non-refundable and is not credited toward any charges when an accepted applicant registers.
- **Letters of Recommendation:** <http://urmc.rochester.edu/dentistry/education/apply.cfm>
 - Complete the first section of the Letter of Recommendation form.
 - Send one (1) form to the Dean of your dental school.
 - Send two (2) forms to senior faculty members or other appropriate people.
 - Letters of Recommendation may be in the form of a personal letter however the letter must accompany the completed Letter of Recommendation form.
 - Letters of Recommendation must be mailed directly back to EIOH at the address noted on the Letter of Recommendation form. Letters of Recommendation will not be accepted if submitted by the applicant.

- **Additional required supporting documents:**

- Dental School Diploma – must provide certified English Translation if in another language besides English.
- Transcripts:
 - Applicants who have graduated from a U.S./Canadian dental school must have their official dental school and college transcripts sent directly to EIOH from the dental school and college. Transcripts will not be accepted if submitted by the applicant.
 - Applicants who graduated from a dental school outside the U.S. and/or Canada must have their dental school transcripts evaluated by Educational Credential Evaluators (ECE) or World Education Services (WES). The ECE or WES evaluation must be sent directly to EIOH from the respective service. The evaluation will not be accepted if submitted by the applicant.
- National Board Exam scores – If you have taken your National Boards please have the scores/results sent to Eastman Institute for Oral Health directly from the ADA Joint Commission of National Dental Examinations. Board scores will not be accepted if submitted by the applicant. Please see the chart above to determine whether or not National Boards are required for the program you are applying for.

- **TOEFL Scores:** Required, if English is not your native language. **Only exception: any foreign dental graduate who has permanent residency status within the United States is not required to take the exam.** A minimum score is currently not required. School Code is 9487.

- **Mailing address:** Registrar's Office
c/o Marilyn Foy
Eastman Institute for Oral Health
University of Rochester
625 Elmwood Avenue, Box 683
Rochester, NY 14620 USA

4. **Interview Process:** Upon receipt of completed application, processing fees and all other required supporting documents; your file will be forwarded to the Orthodontic Program for review and selection. Interviews are granted once per cycle and will be conducted in October/November of the year preceding the start of the program for which you are applying.

Thank you again for your interest in the educational training programs offered in specialty area of Orofacial Pain! We look forward to receiving your application.

Sincerely,

Marilyn Foy

Marilyn Foy, Residency Coordinator
Eastman Institute for Oral Health
Email: marilyn_foy@urmc.rochester.edu
Phone: 585-275-8315 / Fax: 585-276-1244