APPLICATION
GRADUATE MEDICAL EDUCATION (GME) RESIDENCY TRAINING PROGRAMS

PLEASE READ BEFORE CONTINUING: You are eligible to apply to a GME Program IF you graduated from a dental school within the United States or Canadian that is accredited by the American Dental Association’s (ADA) Commission on Dental Accreditation (CODA). If you graduated from a dental school outside the United States that is not accredited by CODA then you are only eligible to apply for an International Postdoctoral Dental Training Program.

DIRECTIONS:
1. A $195.00 non-refundable application fee is required at the time of application in order for your application to be reviewed and/or considered. This fee can only be paid by credit card via the following link – http://www.urmc.rochester.edu/dentistry/eioh-registration/. The fee is non-refundable and is not credited toward any charges when an accepted applicant registers.
2. If applying for more than one (1) program a separate, completed application must be submitted for each and an application fee is required for each application.
3. Please pay special attention to the way in which you can apply for a GME program 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.
4. Please place a Checkmark (✓) next to the Program(s) for which you are applying.
5. Please refer to the “Prospective Applicant Letter” for additional information (application deadline dates, requirements, estimated costs, etc.)

<table>
<thead>
<tr>
<th>Program Description</th>
<th>PASS Code</th>
<th>Match Code</th>
<th>EIOH Code</th>
<th>Application Deadline (of year preceding start of program)</th>
<th>Interview Dates (of year preceding start of program)</th>
<th>Decision/Notification Dates (after interview)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Education in General Dentistry @ Eastman Dental</td>
<td>Yes (Code 121 – 1 yr prog)</td>
<td>Yes (Code 2767 – 1 yr prog)</td>
<td>Yes</td>
<td>October 1st</td>
<td>November</td>
<td>Match Day January</td>
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<tr>
<td>General Practice Residency @ UR</td>
<td>Yes (Code 628)</td>
<td>Yes (Code 8535)</td>
<td>Yes</td>
<td>October 1st</td>
<td>November</td>
<td>Match Day January</td>
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<tr>
<td>General Practice Residency @ RGH</td>
<td>Yes (Code 595)</td>
<td>Yes (Code 8515)</td>
<td>Yes</td>
<td>October 1st</td>
<td>November</td>
<td>Match Day January</td>
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<tr>
<td>Orthodontics</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>August 1st</td>
<td>September/October</td>
<td>November</td>
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<tr>
<td>Pediatric Dentistry</td>
<td>Yes (Code 330)</td>
<td>Yes (Code 4563)</td>
<td>No</td>
<td>October 1st</td>
<td>October/November</td>
<td>Match Day January</td>
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<tr>
<td>Prosthodontics</td>
<td>Yes (Code 416)</td>
<td>Yes</td>
<td>Yes</td>
<td>August 1st</td>
<td>September</td>
<td>Match Day January</td>
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* These three (3) programs are a part of the Associated General Dentistry Training Programs of Rochester (AGDTPR). The AGDTPR 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. These programs are fully accredited by the American Dental Association’s (ADA) Commission on Dental Accreditation (CODA).
1. Date of Birth
   
   Month   Day   Year

2. Place of Birth
   
   City   State, Zip Code   Country

3. Permanent Address
   
   Street Address
   
   City   State, Zip Code   Country

4. Present Address, if different than Permanent
   
   Street Address
   
   City   State, Zip Code   Country

Phone # - Please provide the best number to call

Email Address

Demographics:

1. Citizenship Status: US Citizen   Yes   No
   Permanent Resident   Yes   No
   Other   Yes
   If “Other” please provide County of Citizenship:

2. Visa sponsorship needed?   Yes   No
   If Yes:
   Are you currently in the US on a visa?   Yes   No
   If Yes, please provide the following:
   Visa Type
   Current End Date
   MM/DD/YYYY

3. Native Language: Please note: Applicants whose native language is not English are required to take the TOEFL. Official TOEFL scores must be submitted at the time of application. No minimum score is currently required.

4. Gender:   Male   Female

5. Social Security Number:   Yes   No
**Name:**

**Education and Professional Information:**

1. National Provider Identification (NPI) #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

2. Dental Boards (if applicable). National Board scores must be sent directly to EIOH from the ADA Joint Commission of National Dental Examinations. Board scores will not be accepted if submitted by the applicant.

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<tr>
<th>State(s)</th>
<th>Score, Part I</th>
<th>Score, Part II</th>
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3. Licensure: Please list all licenses ever held to practice dentistry (if any).

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<tr>
<th>State/Jurisdiction</th>
<th>Number</th>
<th>Date Issued</th>
<th>Expiration Date</th>
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4. Undergraduate Education

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<thead>
<tr>
<th>Undergraduate College(s)</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree (if any)</th>
<th>Grade Point Average</th>
<th>Class Standing</th>
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5. Graduate Education

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<tr>
<th>Dental &amp; Graduate School(s)</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree (if any)</th>
<th>Grade Point Average</th>
<th>Class Standing</th>
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Education and Professional Information (continued):

6. Postgraduate Education

<table>
<thead>
<tr>
<th>Postgraduate School(s)</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree (if any)</th>
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7. Postgraduate Experience ~ Appointments held, Courses, Practice, Military Experience

<table>
<thead>
<tr>
<th>Activity</th>
<th>Location/Place</th>
<th>Dates</th>
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</table>
**Education and Professional Information (continued):**

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: ____________________________

   **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)
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: ____________________________
   - ____________________________  ____________________________
   - ____________________________  ____________________________
   - ____________________________  ____________________________

**LETTERS OF RECOMMENDATION**

**NEW REQUIREMENT**  – References must be provided electronically via the following link - [https://apply-eioh.ur.rochester.edu/loginRec.aspx](https://apply-eioh.ur.rochester.edu/loginRec.aspx). Hard copy references will no longer be accepted. In order to complete this requirement, via the link provided above, you will need to have the following information available for each referee: names, email addresses and phone #s for three (3) referees, one of which must be the dean of your dental school; two (2) must be members of your dental school faculty or other supervisory personnel who have had sufficient contact with you to judge your personal and professional qualifications.
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.