

**University of Rochester
University of Rochester Medical Center
Eastman Institute for Oral Health
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**CERTIFICATION STATEMENT
EIOH POSTDOCTORAL TRAINING PROGRAMS**

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.