APPLICATION CHECKLIST
GRADUATE MEDICAL EDUCATION (GME) RESIDENCY TRAINING PROGRAM

Name: ____________________________________________________________

This checklist is available for use if applying via EIOH Application Process.

☐ Application (completed in its entirety)
☐ Application Fee (paid online by credit card via appropriate link)
☐ 2x2 Photo (attached to Page 1 of the Application)
☐ Signed Certification Statement (last page of Application)
☐ Curriculum Vitae (current)
☐ Personal Statement
☐ Letters of Recommendation (completed electronically via appropriate link)
☐ Dental School Diploma (certified and notarized)
☐ Transcripts (originals mailed directly to EIOH by dental school)
☐ National Board Exam Scores (sent directly to EIOH by National Board)

☐ Mailing address: Registrar’s Office (Admissions)
 Eastman Institute for Oral Health
 University of Rochester
 625 Elmwood Avenue, Box 683
 Rochester, NY 14620 USA