APPLICATION CHECKLIST
FELLOWSHIP IN IMPLANT DENTISTRY TRAINING PROGRAM

Name: ____________________________________________

☐ 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, notarized English translation required)
☐ Transcripts (certified evaluation completed by WES and mailed directly to EIOH by WES)
☐ National Board Exam Scores
☐ TOEFL Score Reports (mailed directly to EIOH by certifying company)

☐ Mailing address: Registrar’s Office (Admissions)
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University of Rochester
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Rochester, NY 14620 USA