APPLICATION CHECKLIST
INTERNATIONAL POSTDOCTORAL DENTAL 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 (if taken; these are not required to apply for or be accepted into an International Postdoctoral Dental Training Program)
☐ TOEFL Score Reports (mailed directly to EIOH by certifying company)

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