

GRADUATE DENTAL EDUCATION POSTDOCTORAL PROGRAM SUPPLEMENTAL APPLICATION



This supplemental application and a \$50 application fee in U.S. currency (check or money order only payable to Trustees of the University of Pennsylvania) must be sent directly to the University of Pennsylvania School of Dental Medicine Office of Graduate Dental Education, 240 S. 40th St, E2A, Philadelphia PA, 19104-6003. Applications will not be considered unless completed in full with all required attachments (described below).

Last Name _____ First _____ Middle _____

U.S. Social Security Number (if applicable) _____ Male Female

Date of Birth: Month _____ Day _____ Year _____

Place of Birth _____

All correspondence will be sent to your current mailing address listed below. If you prefer other arrangements, please advise our office in the space below.



Current Mailing Address Until (Date) _____

Street Address _____

City _____ State _____ Zip _____

Permanent Address (if different than current mailing address)

Street Address _____

City _____ State _____ Zip _____

Telephone Number (day) _____ Cell/Mobile Number _____

Fax Number _____ Email Address _____

CITIZENSHIP STATUS (check one)

US Citizen US Permanent Resident Not a US citizen or permanent resident, Country of citizenship _____

Students who are non-U.S. citizens or non-residents will be sent visa information upon matriculation.

POSTDOCTORAL PROGRAM TO WHICH APPLYING (please check)

- Endodontics Periodontal Prosthesis Master of Science in Oral Biology (offered only in conjunction with a specialty program)
- Oral Medicine Periodontics Orthodontics Periodontics/Orthodontics

Have you applied to a University of Pennsylvania School of Dental Medicine postdoctoral program before? Yes No
If yes, please indicate the program _____ and most recent application year _____

EDUCATIONAL BACKGROUND

EXAMINATIONS

National Dental Board Part I Date Taken _____ Average Score _____

National Dental Board Part II (not required but include if taken) Date Taken _____ Average Score _____

TOEFL Exam (international applicants) Date taken _____ Average Score _____

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Last Name _____ First _____ Middle _____

U.S. Social Security Number (if applicable) _____

EDUCATIONAL BACKGROUND (continued)

ACADEMIC RECORD

If additional space is required, please supply the information below for each educational institution attended on an additional sheet of paper.

DENTAL EDUCATION School _____ Degree Awarded/Anticipated _____

Address _____

City _____ Country _____

Start Date _____ End Date _____

COLLEGE/UNIVERSITY ATTENDED School _____ Degree Awarded _____

Address _____

City _____ Country _____

Start Date _____ End Date _____

WORK EXPERIENCE

Are you licensed to practice dentistry in any state? no yes (If yes, in which state(s)?) _____

Do you have additional educational training/work history in the following areas (check all that apply) AEGD GPR private practice

ADDITIONAL INFORMATION

If additional space is required, please complete on an additional sheet of paper and attach.

1. Has your education (college or dental school) ever been interrupted? If yes, please explain _____

2. International Applicants: Please supply/attach information documenting that you have the financial resources to complete the course of study.

LETTERS OF RECOMMENDATION

Three letters of recommendation are required. One letter must come from the dean or director of your dental school. The other two letters can come from academic faculty, dental professionals, or work supervisors. The letter from the dean/director should be sent directly to the University of Pennsylvania School of Dental Medicine Office of Graduate Dental Education; the two additional letters should be submitted with the American Dental Education Association's Postdoctoral Application Support Service (PASS) Application.

Please list names and positions of recommenders from whom you have requested letters.

Name of Dean/Director of Dental School _____

Title/Position _____

Name of Dental School _____

Name of Faculty/Dental Professional _____

Title/Position _____

Name of Educational Institution/Location of Dental Practice _____

Name of Faculty/Dental Professional _____

Title/Position _____

Name of Educational Institution/Location of Dental Practice _____

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Last Name _____ First _____ Middle _____

U.S. Social Security Number (if applicable) _____

PERSONAL STATEMENT

Please prepare and attach a one-page comprehensive statement in which you provide your immediate and long-range career plans. Include how this period of education will contribute to your ability to become a leader in the dental profession. Describe an area of research you might like to pursue in your course of study and state your reasons for selecting the residency program and the University of Pennsylvania School of Dental Medicine.

CERTIFICATION

Please read and sign the certification below:

I hereby certify that I provided accurate information in this application. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion. I also understand that students in certain programs are required to undergo a Criminal Record Check and Child Abuse History Clearance in order to treat minor students in the Commonwealth of Pennsylvania. I also understand that I will be responsible for payment of such fees (approximately \$50 for both record checks).

Signature _____ Date _____

PLEASE SUBMIT THIS COMPLETED SUPPLEMENTAL APPLICATION, REQUIRED ATTACHMENTS, AND A \$50 APPLICATION FEE IN U.S. CURRENCY (CHECK OR MONEY ORDER ONLY PAYABLE TO TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA). MAIL TO:

Office of Graduate Dental Education
Robert Schattner Center
University of Pennsylvania
School of Dental Medicine
240 South 40th Street, E2A
Philadelphia, PA 19104-6030

If you have any questions regarding the admissions process, contact 215-898-5792 or dadeinfo@dental.upenn.edu.

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, gender identity, religion, color, national or ethnic origin, age, disability, or status as a Vietnam-era veteran or disabled veteran in the administration of educational policies, programs or activities; admissions policies; scholarship and loan awards; athletic, or other University-administered programs or employment. Questions or complaints regarding this policy should be directed to: Executive Director, Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, 3600 Chestnut Street, Suite 228, Philadelphia, PA 19104-6106 or by phone at (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

The federal Crime Awareness and Campus Security Act, as amended, requires all colleges and universities to provide information related to security policies and procedures and specific statistics for criminal incidents, arrests, and disciplinary referrals to students and employees, and to make the information and statistics available to prospective students and employees upon request. In addition, The Pennsylvania College and University Security and Information Act requires Pennsylvania colleges to provide information related to security policies and procedures to students, employees and applicants; to provide certain crime statistics to students and employees, and make those statistics available to applicants and prospective employees upon request. To review the University's most recent annual report containing this information, please go to <http://www.upenn.edu/almanac/volumes/v53/n03/contents.html>. You may request a paper copy of the report by calling the Division of Public Safety at 215-898-4482.