



Application for Admission to Post-Doctoral Programs

Basic Information

Program: _____ Term: _____

Last Name: _____ First Name: _____ Middle Name: _____

DOB: _____ Gender: F M Citizenship: _____ U.S. Perm. Res?: Yes No

Mailing Address:

Line 1: _____

Line 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Office Phone: _____

Permanent Address:

Line 1: _____

Line 2: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____

E-Mail Address: _____

Ethnicity/Race: Hispanic/Latino Yes No
 American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Pacific Islander

License to Practice Dentistry:

Date of Issue: _____ Number: _____ State(s) or Country: _____

Professional Experience

Residency/Post-Doctoral Training:

Institution Name: _____ City: _____ State: _____ Country: _____

Type of Program: _____ Years Attended: _____ Certificate Granted?: Yes No

Teaching and/or Research Experience:

Institution Name: _____ City: _____ State: _____ Country: _____

Name of Mentor: _____ Years at Position: _____

Private Practice:

Type of Practice: _____ Years in Practice: _____

Address: _____ City: _____ State: _____ Country: _____

Military Service:

Service Branch: _____ In What Capacity?: _____ Years of Service: _____



Previous Education

Primary Undergraduate Institution: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Graduate Institution: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Dental School: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Final Dental School Class Rank: _____
(if known)

Other Institution 1: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Other Institution 2: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Other Institution 3: _____ **Dates Attended:** _____ - _____

City: _____ **State:** _____ **Country:** _____

Major: _____ **Degree Received?:** No Yes **Award Date:** _____

Test Scores

National Board Exam I: **Test Date:** : _____ **Score:** _____

National Board Exam II: **Test Date:** _____ **Score:** _____

GRE Scores: **Test Date:** _____

Verbal: _____ **Quantitative:** _____ **Analytical Writing:** _____

TOEFL Scores: **Test Date:** _____ **Total Score:** _____

Reading: _____ **Listening:** _____ **Speaking:** _____ **Writing:** _____