

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF DENTAL MEDICINE
GRADUATE DENTAL EDUCATION PROGRAMS

APPLICATION FOR ADMISSIONS

Please Read All Instructions Carefully Before Completing This Form
Please Complete All Information

This Application is for the Graduate Dental Educational Program in: (Check One)

ENDODONTICS

PROSTHODONTICS

PERIODONTICS

Personal Data

Name _____ Social Security Number _____

Permanent Address _____

Telephone Number _____

If New Jersey Resident, how long? _____ County? _____

Mailing Address (if different from above) _____

Cell Number _____

Email _____

Citizenship: US Citizen Permanent Foreign

If foreign national, current visa status: _____ Country of birth: _____

Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of your application.

Date of Birth: mm/dd/yyyy Male Female

Race: American Indian/Alaskan Native **Ethnicity:** Hispanic Yes No

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

(check all that apply)

General Education

List all post-secondary schools attended, including dates of attendance and degree(s) received.

<u>Post-Secondary School</u>	<u>Dates of Attendance</u>	<u>Major</u>	<u>Degree(s) & Date Received</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Professional Education

List all professional schools attended, including dates of attendance and degree(s) received.

<u>Professional School</u>	<u>Dates of Attendance</u>	<u>Class Standing</u>	<u>GPA</u>	<u>Degree(s) & Date Received</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Professional Experience(s)

List all graduate dental educational courses, internships and/or residencies.

<u>School or Hospital</u>	<u>Dates of Attendance</u>	<u>Course, Residency, Internship</u>	<u>Certificate(s)/Degree(s) & Date Received</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

List any academic distinctions, fellowships, scholarships, awards or prizes obtained.

List any research or teaching experience.

List any scientific or clinical publications, abstracts or presentations at scientific or dental society meetings. Provide any available reprints.

List all states in which you have a license to practice dentistry.

List any private practice or other dental related employment experience subsequent to completing dental school.

Location Type of Practice/Employment Full or Part Time Dates Associate's Name, if applicable

<u>Location</u>	<u>Type if Practice/Employment</u>	<u>Full/Part Time</u>	<u>Dates</u>	<u>Associate's Name, If Applicable</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please read and understand the statement of essential function

http://sdm.rutgers.edu/CDE/FP2P_EssentialFunctions_Appl.pdf which all students must satisfy for the program of study to which I am applying, with or without reasonable accommodation. I acknowledge that the RSDM has established these requirements for successful academic progress toward the degree/certificate sought. If I require accommodation, I will do so promptly in writing.

RSDM is committed to complying with the requirements of the Americans with Disabilities Act.

Were you ever subject to any disciplinary action by any college, university, or professional school for unacceptable academic performance (academic probation, suspension, dismissal) or conduct violations?

(please circle answer) Yes or No. If yes, please explain. _____

Have you ever been subject to disciplinary action by any professional licensing board?

(please circle answer) Yes or No. If yes, please explain. _____

Have you ever been charge with or have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation?

(please circle answer) Yes or No. If yes, please explain _____

Signature of Applicant

Date

PLEASE INCLUDE A CURRICULUM VITAE

Use this sheet and its reverse to discuss the following:

1. The reasons for your interest in graduate dental education

A large empty rectangular box with a black border, intended for the applicant to write their response to the question.

2. Your immediate and long-range career plans (in clinical practice, academics, research, etc.)

3. Any research area you wish to investigate during your course of study.