

University of Connecticut Health Center
School of Dental Medicine

**Application for Admission to International Fellowship in Advanced
Periodontics Program**

1. Name: _____
 Last First Middle

Permanent Address:

Mailing Address (if different from above):

Current Phone #: _____ Permanent Phone #: _____

Email Address: _____ SS# (if available): _____

Date of Birth: _____ Gender: Male Female

Citizenship: U.S.A. Permanent U.S.A. Resident Visa Status: _____

2. I am interested in a program leading to a career in:
 Teaching & Research Dental Practice Other _____

3. Proposed starting date: July 1, 2011

4. List names and addresses of 3 individuals from your dental school, from whom you have requested letters of recommendation.

Name	Address
_____	_____
_____	_____
_____	_____

5. Education: List all universities, dental or medical schools or other graduate schools, which you have attended.

Institution	Dates of Attendance		Degree Received
	From	To	
<hr/>			
<hr/>			
<hr/>			

6. Indicate any major postgraduate training, including fellowships, internships and residencies.

School/Hospital	Date of Attendance	Course	Certificate or
			Degree Received
<hr/>			
<hr/>			
<hr/>			

7. List academic distinctions, fellowships, scholarships, awards or prizes awarded in college, dental school or subsequently:

8. Indicate whether you have had any research or teaching experience:

9. List scientific or clinical publications, abstracts or presentations. (Attach a separate sheet if necessary and include any available reprints).

10. If your education to date has not been continuous, or if you are not now in school, please give details.

11. List the Country in which you are licensed to practice dentistry.

12. Have you ever been engaged in the private practice of dentistry? If so, please provide the following information.

Location	Type of Practice	FT/PT	Dates	Name of Dentist you have been associated with
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Have you taken the National Board, Parts I and II?

- Yes If yes, please provide scores: Part I _____ Part II _____
 No If no, proposed test date: _____

14. Have you taken the Graduate Record Examination? Yes No

If yes, score: V ___% ___ Q ___% ___ A ___% ___ Test Date: _____

15. If you are accepted, how do you plan to finance your Fellowship Program in Advanced Periodontics?

16. You must furnish evidence of your ability to use the English language by submitting TOEFL (Institution Code is 3931) results with a score in excess of 550 (written version) 215 (computer version) **before** the application can be processed. All credentials must be submitted in the English language or accompanied by a certified translation.

17. In the space provided below and on the next page, please discuss your reasons for wishing to pursue Periodontology training at the University of Connecticut School of Dental Medicine and how you became interested in the field. You may also include any other significant information that you feel may influence your application. (Please attach additional sheets of paper, if necessary).

Signature: _____ Date: _____

Please mail completed application along with supplemental information (letters of recommendation, transcripts, etc.) to:

Division of Periodontology - MC-1710
University of Connecticut School of Dental Medicine
263 Farmington Avenue
Farmington, CT 06030-1710

You can find addresses and names of each department/division on our website (www.uchc.edu), click on School of Dental Medicine and then on Advanced Education – Periodontology – International Fellowship.