**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:**

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Mailing Address (if different from above):

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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, 20\_\_\_\_ *(please enter year)*

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

have requested letters of recommendation.

 **Name Address**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Education: List all universities, dental or medical schools or other graduate schools,

which you have attended.

2

 **Dates of Attendance**

**Institution From To Degree Received**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

residencies.

 **Date of Certificate or**

**School/Hospital Attendance Course Degree Received**

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7. List academic distinctions, fellowships, scholarships, awards or prizes awarded in

college, dental school or subsequently:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. List scientific or clinical publications, abstracts or presentations. (Attach a separate

sheet if necessary and include any available reprints).

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

please give details.

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

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

provide the following information.

**Name of Dentist**

 **Type of you have been**

**Location Practice FT/PT Dates associated with**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

􀂅 Yes If yes,: 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?

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16. You must furnish evidence of your ability to use the English language by submitting

TOEFL (Institution Code is 3938) results with a score in excess of 550 (paper) 213 (computer version) 80 (internet) or 6.5 (IELTS), **before** the application can be processed. All credentials must be submitted in the English language or accompanied by a certified translation.

17. Please attach a short essay why you are 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).

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**