

DOCTOR OF SCIENCE IN DENTISTRY PROGRAM WITHOUT CLINICAL CERTIFICATE APPLICATION



Please type this information online and then print the completed application for submission. **(Do not hand write.)**

LAST NAME _____ First _____ Middle _____

Male Female Dent Pin # _____

Date of birth: Month _____ Day _____ Year _____

Place of Birth _____

Ethnicity (optional) _____

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

PREFERRED MAILING ADDRESS (Must be complete address)

Street Address _____

City _____ State _____ Zip _____

Country _____

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.

CLINICAL DEPARTMENT TO WHICH YOU ARE APPLYING FOR COMPLETING DIDACTIC COURSES (please check)

Endodontics Periodontal Prosthesis Oral Medicine Periodontics Orthodontics Pediatric Dentistry

Have you applied to a Penn 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 _____ PASS or Score _____

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

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

Current GPA _____

LAST NAME _____ First _____ Middle _____

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(s) and/or countries? No Yes (If yes, in which state(s) and/or countries?)

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

ADDITIONAL INFORMATION

For "yes" responses below, attach sheet(s) of paper with explanation/answers to the DScD Supplemental Application

1. Has your education ever been interrupted or affected adversely for reasons other than deficiencies in conduct or academic performance?
 Yes No If yes, please describe.
2. Have you ever been disqualified, suspended, dismissed, or otherwise subject to disciplinary action at any college or university in connection with your academic performance? Yes No
If you answered yes, provide an explanation regarding each disqualification, suspension, dismissal, or disciplinary action. Include 1) a brief description of the situation, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.
3. Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise been disqualified, put on probation, suspended, dismissed, expelled, or otherwise been subject to disciplinary action at any college/university in connection to misconduct? Please include any and all instances of misconduct, regardless of whether the school maintains a record of such misconduct or formal action, or whether it appears on your transcript. Yes No
If you answered yes, provide an explanation regarding each violation. Include 1) a brief description of the incident, 2) the specific charge(s) made, 3) the disciplinary action taken, and 4) a reflection on the experience and how the experience has affected your life.
4. Are you currently under charge or have been convicted of a felony and/or misdemeanor? Yes No
If yes, provide an explanation. Include 1) a brief description of the incident and/or arrest, 2) the specific charge made, 3) related dates, 4) consequences, and 5) a reflection on the incident and how the incident has impacted your life.

LAST NAME _____ First _____ Middle _____

ADDITIONAL INFORMATION (continued)

5. Have you ever been denied professional licensure; had a professional license revoked or suspended; or have been subject to disciplinary action by any licensure board or agency? Yes No If yes, please provide the dates and details.

6. International Applicants: Do you have the financial resources to complete the course of study? No Yes

7. Scholarship Information, if applicable.

EVALUATIONS

For our reference, list the names and positions of the individuals providing the three required evaluations. **PLEASE NOTE:** The evaluations must come directly from the evaluators; download the DScD Program without Clinical Certificate Program Candidate Evaluation Form from the Penn Dental Medicine website and send each evaluator the form to complete and send to: Robert Schattner Center, Penn Dental Medicine, Office of Graduate Dental Education DScD Program, 240 South 40th Street, 3rd Floor, Evans Building, Philadelphia, PA 19104-6030.

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 _____

PERSONAL STATEMENT

Please prepare and attach a one-page comprehensive statement in which you provide your research interests and 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 that can serve as a basis for the DScD research planning and state your reasons for selecting the clinical department for which didactic courses will be completed.

Also submit a biographical sketch in NIH bio-sketch format (see sample online). Final DScD program acceptance is determined by the Clinical Department Chair and DScD Admissions Selection Committee. Acceptance into the clinical department does not constitute automatic approval for the DScD program.

DOCTOR OF SCIENCE IN DENTISTRY PROGRAM WITHOUT CLINICAL CERTIFICATE APPLICATION PAGE 4



LAST NAME _____ First _____ Middle _____

APPLICATION MATERIALS

All application materials and documents become the property of Penn Dental Medicine and will not be returned to the applicant. It is highly advised that application materials are submitted well in advance of the November 1 deadline.

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.

Signature _____ Date _____

PLEASE SUBMIT THE DScD APPLICATION, REQUIRED ATTACHMENTS, AND A \$90 APPLICATION FEE IN U.S. CURRENCY (CHECK OR MONEY ORDER ONLY PAYABLE TO TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA). MAIL TO:

Robert Schattner Center
Penn Dental Medicine
Office of Graduate Dental Education — DScD Program
240 South 40th Street, 3rd Floor, Evans Building
Philadelphia, PA 19104-6030

If you have any questions regarding the admissions process, contact (215) 573-8818 or PDMGradDentalEdu@pobox.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, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status or any other legally protected class status in the administration of its admissions, financial aid, educational or athletic programs, or other University-administered programs or in its employment practices. Questions or complaints regarding this policy should be directed to the Executive Director of the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, 3600 Chestnut Street, Suite 228, Philadelphia, PA 19104-6106; or (215) 898-6993 (Voice) or (215) 898-7803 (TDD).

The federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, as amended, requires 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. Federal law requires institutions with on-campus housing to share with the campus community an annual fire report. In addition, the Uniform Crime Reporting Act requires Pennsylvania colleges and universities to provide information related to security policies and procedures to students, employees and applicants; to provide certain crime statistics to students and employees, and to make those statistics available to applicants and prospective employees upon request. You may view the report at www.publicsafety.upenn.edu/clery/report/ or request a paper copy of the report by calling the Division of Public Safety's Special Services Department at 215-898-4481.