

Please select the program to which you are applying:

<input type="checkbox"/>	Endodontics	<input type="checkbox"/>	Orthodontics (International slot)
<input type="checkbox"/>	Endodontics (International slot)	<input type="checkbox"/>	Orofacial Pain and Dysfunction
<input type="checkbox"/>	Oral and Maxillofacial Radiology	<input type="checkbox"/>	Orofacial Pain and Dysfunction (International slot)
<input type="checkbox"/>	Orthodontics	<input type="checkbox"/>	AEGD Westwood (International slot)

**Section I: Personal & Contact Information**

Name (first, middle, last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_

Evening Telephone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Marital Status (Optional) \_\_\_\_\_

Last 4 Digits of Soc. Sec #: \_\_\_\_\_

\_\_\_\_\_ If non-US Citizen, current immigration/visa status:

Ethnicity (optional): Please Indicate in which of the following classifications you consider yourself.

- |   |  |
|---|--|
| <input type="checkbox"/> Decline to State           | <input type="checkbox"/> Japanese/Japanese American  |
| <input type="checkbox"/> American Indian/Alaskan    | <input type="checkbox"/> Korean/Korean-American  |
| <input type="checkbox"/> Black/African-American     | <input type="checkbox"/> Latino/Other Spanish American   |
| <input type="checkbox"/> Chicano/Mexican-American   | <input type="checkbox"/> Other Asian (not including Middle Eastern)                                      |
| <input type="checkbox"/> Chinese/Chinese-American   | <input type="checkbox"/> Pacific Islander (including Polynesian, Micronesian and other Pacific Islander) |
| <input type="checkbox"/> East Indian/Pakistani      | <input type="checkbox"/> White/Caucasian (including Middle Eastern)                                      |
| <input type="checkbox"/> Filipino/Filipino-American |  |

\_\_\_\_\_ (initials)

**Section II: Education, Discipline & Licensure Information**

Give names of all community colleges, universities, graduate, postgraduate, professional schools, and hospitals at which credit has been received.

INSTITUTION	DATES ATTENDED		MAJOR AND MINOR FIELDS	CERTIFICATES DEGREE AND DATE
	FROM	TO		

Are you currently under investigation for or have you ever been subject to a disciplinary action at any college, university, dental school or other training program in connection with misconduct or violation of an honor code which investigation could have resulted or did result in disqualification, suspension, dismissal or other sanctions? Yes No

If yes, please explain: \_\_\_\_\_

If yes, I authorize you to contact the Dean of Students at \_\_\_\_\_ (specify institution) for further details about this incident.

Have you withdrawn from or been dismissed by a Postdoctoral or Graduate Program in Dentistry? Yes No

If yes, please give a brief description of circumstances: \_\_\_\_\_

Please describe your dental licensure status, including any states or countries in which you have been license: \_\_\_\_\_

Please disclose and explain any suspensions, restrictions or revocations on your ability to practice dentistry in any jurisdiction: \_\_\_\_\_

Have you ever been convicted or plead no contest to any offense, misdemeanor, or felony in any state, the United States, or a foreign country (excluding violations in traffic laws resulting in fines of \$200 or less)? Yes No

If yes, please explain. \_\_\_\_\_

**Section III: Experience<sup>1</sup>**

TYPE*	INSTITUTION OR ORGANIZATION	DATES		NATURE OF WORK
		FROM	TO	
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				
<input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> T				

\_\_\_\_\_  
\*Type of Experience: C=Clinical; R=Research; T= Teaching

<sup>1</sup> Please type your experience in rather than referring us to a CV.

\_\_\_\_\_ (initials)

**Section IV: Personal Statement**

Insert below, a statement describing your general interests. Include (a) your reasons for seeking advanced training and education in this subject, (b) your career goals as to your plans for practice, research, teaching, community health programs, etc., (c) the type of program you feel would best suit your needs (i.e., university and/or hospital), and (d) any additional information you feel pertinent.

\_\_\_\_\_

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Applicants who fail to submit all necessary documents for consideration may be excluded from the admissions process. It is the responsibility of the applicant to ensure that all pertinent records have been received by the Office of Admissions.

I understand that it is my responsibility to ensure that all pertinent records have been submitted to and received by the UCLA School of Dentistry Office of Admissions and further that if I fail to submit all necessary documents for consideration, I may be excluded from the admissions review process. By signing below, I am confirming that all of the statements made by me in this form are complete, true and accurate to the best of my knowledge. I understand that falsification of any of the information contained in my admissions credentials including this form may subject me to elimination from any further consideration by the admissions committee and/or dismissal from the Residency Program.

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(Type name in field and sign on line)

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(Insert date on line)

\_\_\_\_\_ (initials)

**Residency/Postgraduate Training Program Application Checklist:**

- Timely application to PASS (if applicable) \*
- Timely submission of Supplemental Application packet \*

**Please send all materials to:**

Postgraduate Programs Officer

\_\_\_\_\_ Program  
UCLA School of Dentistry  
10833 Le Conte Avenue, Room 33-039 CHS  
Los Angeles, CA 90095-1668

\*Please refer to specific program website for details on the requirements of the PASS application and/or supplemental application.

\_\_\_\_\_ (initials)