

APPLICATION FOR ADMISSIONS

Continuing Dental Education Clinical Preceptorship Programs

Check only <u>one</u> program*

Eleven-Month Programs:

Endodontics	Orthodontics		□ Restorative Dentistry		Periodontics & Restorative Dentistry	
🗆 Diagnostic S	Sciences		facial Pain (OFP)	□ Oral	& Maxillofacial Radiology (OMFR)	
□ Basic/Clinical Research		\Box General Dentistry and Co		Compret	nensive Care	

 Short-term Programs:
 □ Clinical Diagnostic Sciences (5½ months)
 □ Clinical Orofacial Pain (5½ months)

 □ Basic/Clinical Research (5½ months)
 □ General Dentistry & Comprehensive Care (5½ months)

 Clinical OMF Radiology:
 □ 5½ months -or- □ 3 months
 □ Clinical Oral Medicine (3 months)

Save form to your computer and TYPE all information before printing. Please do not try to alter this form. *Note, you may apply for only one program at a time. See website for more information.

PERSONAL DATA

CDE use only Major:

Full Name:							
	FIRST	MIDDLE	LAST / SURNAME				
Social Security No:							
Current	Street						
Mailing Address:	City						
	State/Province		Postal Code				
	Country						
Primary Email Address			Note: correspondence from				
Secondary Email Addr	ess:		us is done by Email only.				
Telephone Number:	HOME		CELL				
If New Jersey Residen	t, how long?	NJ Co	ounty?				
Democrat	e t t						
Permanent Mailing Address:	Street						
(if different from above)	City						
	State/Province		Postal Code				
	Country						
Telephone Number:							
Citizenship:	□ US Citizen	Permanent Resident Fc	oreign National: visa status:				
Country of Birth:							
Date of Birth:		(mm/dd/yy) 🛛 Male 🗆 Female					
Responses to these qu will not adversely affec		tary and will be kept confidential. Fail application.	ure to furnish this information				
Ethnicity:	□ American Ind	an/Alaskan Native 🛛 Hispanic	□ White (not Hispanic)				
-	□ Asian/Pacific Islander □ Asian/Other □ Black (not Hispanic)						
Have you attended pro	grams at Rutgers	/UMDNJ before?	Your Rutgers ID No. A				

CRN:

Concentration:

EDUCATION & PROFESSIONAL BACKGROUND

Undergraduate / Pre-Doctoral Education

POST-SECONDARY SCHOOL	DATES ATTENDED	MAJOR	DEGREE	DATE REC'D

Graduate and Professional Dental Education.

PROFESSIONAL SCHOOL	DATES ATTENDED	GPA	DEGREE	DATE REC'D

Postgraduate Dental Educational (Residencies and Internships).

SCHOOL OR HOSPITAL	DATES ATTENDED	PROGRAM TYPE	CERTIFICATE/DEGREE	DATE REC'D

Details and additional information should be included in your Curriculum Vitae.

Professional research or teaching experience.

Scientific or clinical publications, abstracts or presentations at scientific or dental meetings.

Private practice or other dental related employment subsequent to completing dental school.

ASSOCIATE'S NAME / TYPE OF PRACTICE	LOCATION (City, State)	DATES

U.S. states in which you have a license to practice dentistry:

YOUR OBJECTIVES AND GOALS

Discuss reasons for your interest in the Clinical Preceptorship program.

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

Discuss any research area you wish to investigate during your course of study.

ADMISSION REQUIREMENTS

- Have a DDS/DMD degree or its equivalent from an accredited dental school.
- Payment of non-refundable applicant fee of \$200 U.S. (This can be paid online, see website for link.)
- Submission of a completed application form, including: Documentation of your Objectives and Goals (see page 3 of the form). Curriculum Vitae (attach or insert a small photo if available).
- Verified copies from your dental school of your Transcript and Dental School Diploma.
- Two to three original Letters of Recommendation (see page 4 of this form).
- Applicants with foreign degrees will be considered based upon an evaluation of their academic credentials. Submit an original Evaluation Report from one of the following:

Educational Credential Evaluators (ECE - preferred) –or- World Education Services (WES). We recommend you request a report showing a breakdown by courses.

- Applicants with English as a second language must attain a TOEFL score of 80 or higher; or an International English Language Testing System (IELTS) overall score of 6 or greater. Submit an original report.
- Graduate Record Examination (GRE) and National Board scores are not required, but may be submitted in support of the application.
- Attend a personal interview when possible.
- Be a citizen or a permanent resident of the United States, or a foreign national with a visa status acceptable to the CE program.

Further Requirements

Upon notification of preliminary acceptance into the program, the applicant will also be required to:

- Pay a non-refundable deposit within 10 business days of pre-acceptance notification. The formal acceptance letter is sent after the deposit is received. (See course outline for tuition information.)
- Submit Health and Immunization Forms per University policy ("Student Immunization and Health Requirements.") Instructions and the required form are sent with the formal acceptance letter.
- Submit proof of Cardio Pulmonary Resuscitation (CPR) certification for BLS that will be valid for the duration of program.
- Be cleared by a Background Check; an additional fee is required for this.
- Provide proof of Health Insurance from a U.S. based company. Insurance must remain active for full duration of the program.
- Licensed U.S. Dentists provide proof of Liability Insurance.

Additional information is available on our website: cde.sdm.rutgers.edu – click on Clinical Preceptorships

Please read and understand the Student Essential Functions/Technical Standards that all students must satisfy for the program of study to which they are applying, with or without reasonable accommodation. I acknowledge that the Rutgers School of Dental Medicine has established these requirements. If I require accommodation, I will do so promptly in writing.

Your Signature:		Date:
Mail Documents and Application Fee to:	Rutgers School of Dental Medicine Continuing Dental Education Attn: Clinical Preceptorship 110 Bergen Street, B701 • Newark, NJ 07103	

LETTER OF EVALUATION FROM FACULTY MEMBER

APPLICANT:

PROGRAM:

The above applicant is applying for admission to a Clinical Preceptorship at Rutgers School of Dental Medicine. Please complete this evaluation, or provide a separate letter of recommendation, that includes the factors listed below and return it to us.

The Rutgers School of Dental Medicine is grateful for any pertinent material regarding the character, integrity and personality of the applicant, but will particularly appreciate the writer's opinion of the candidate's ability to pursue advanced studies in their field and to achieve a successful professional career. A careful discrimination between strong and weak characteristics is more valuable than routine praise.

Please rank the candidate in relation to other students in the same class or with other persons you have known of comparable experience. All information received will be kept confidential.

CLASS STANDING IN YOUR DEPARTMENT:

		OUTSTANDING	EXCELLENT	GOOD	BELOW AVERAGE	NO BASIS FOR		
Nativa intellectur	al ability	Top 5% of class	Upper 75% to 95%	Upper 50% to 75%	Lower half of class	JUDGMENT		
Native intellectua Breadth of intere	,					 		
Common sense,								
Initiative, leaders						[
Personality, frien	•					[
Emotional matur						[
Appearance	ity							
Attitude toward of	priticiem					[
Sense of respon						 		
Forcefulness, co						 		
						L		
How long have y	ou known the	candidate?						
Is interest in gra	duate dental e	education genuir	וe?					
Overall opinion of	candidate:	□ Outstanding	□ Good □	Fair D Not Re	ecommended			
Please provide ad		-		ttach additional	nade if necessar	V		
r lease provide at		nents regarding			bage, il liecessai	y.		
Signature					Date			
Print Name								
Title								
Department								
•								
School								
Email Address								
Return in sealed	Dutaara C	abool of Dontol M	ladiaina					
envelope to:	Rutgers School of Dental Medicine Continuing Dental Education							
 -	Attn: Clin	ical Preceptorship)					
	110 Berge	en Street, B701 •	Newark, NJ 07103					