Instructions to Applicants

Each year many applications are received for the relatively few positions available in the advanced education programs. The director of each program has the responsibility of reviewing and evaluating all applications for his program in order to select the best qualified candidates. The application form is a primary source of information from which evaluation is made. Therefore, care should be exercised to fill in the form completely and accurately and to submit the requested documents.

The types of programs available in the various dental specialty areas are described in detail in a prospectus prepared by the director of each program and the applicant is urged to carefully review this material. Generally a minimum of two years study is necessary to satisfy the formal education requirements for most specialty board examinations.

Individuals accepted for the residency program receive hospital appointments and a small stipend which may vary annually with the department and the degree of responsibility. The postdoctoral program which may also lead to a certificate is largely clinical in nature and payment of tuition is commonly required. A third program open to qualified students is the graduate program in clinical dental sciences which is a combination of conventional work for a master of science degree plus the achievement of proficiency in some phase of clinical dentistry. Students in this program must be accepted by the Graduate School, pay tuition, and usually require a minimum of three years to complete the program.

The availability of stipends and fellowships varies depending on budgetary limitations. Usually such fellowships are limited in number and may be available only to U.S. citizens. Participation in dental postdoctoral education programs is considered to require concentrated full time effort on the student's part. Therefore, each student should carefully plan his or her other obligations and responsibilities accordingly.

Generally the programs begin July 1st of each year although some programs may start at other times. This varies with departments and again reference to the prospectus is urged. Completed application forms should be in the Office of Postgraduate Studies by the date indicated in the accompanying letter in order to be considered for the programs beginning the following summer. Notification of acceptance or rejection is ordinarily made by January or February of the year for which application is made.

If you wish to submit an application, please ask the registrar of each college and dental school you have attended to send one official transcript of your records directly to this office. Please arrange the transmittal of your American Dental Association National Board scores, if you have taken either part. Return the completed application form and see that the evaluation sheets are completed and returned by those you name as references. An application fee of $50 U.S. dollars in the form of a cashier check, money order, or check from U.S. bank, made payable to the University of Alabama at Birmingham must accompany the application. All credentials must be submitted in the English language, or accompanied by a certified translation.

Those applying for admission to the Graduate School must have their scores from the Graduate Board Examination (or as a substitute, scores from the Dental Aptitude Test or the National Board Examination) sent.

All correspondence concerning admission should be addressed to:

The University of
Alabama at Birmingham
Mailing address:

SDB #124 Box 92
1720 2nd Ave. S.
Birmingham, AL 35294-0007
FAX (205) 934-0208
UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
ADVANCED DENTAL EDUCATION
BIRMINGHAM, ALABAMA 35294-0007

PRIOR TO COMPLETING APPLICATION, READ INSTRUCTIONS ON PAGE 4.

Date ____________________________
Application for Study Beginning Month __________ Year __________

I wish to apply for (check the appropriate block)
[ ] graduate study for [ ] for M.S., [ ] for Ph.D.
[ ] residency program or [ ] postdoctoral (certificate) program

in the field of (check the appropriate block)
[ ] Endodontics [ ] Periodontics [ ] General Practice Residency
[ ] Oral Surgery [ ] Prosthodontics (Specify one) [ ] VA
[ ] Biomaterials [ ] Dentist Scientist [ ] University
[ ] Orthodontics [ ] Maxillofacial Prosthetics [ ] No preference
[ ] Pediatrics [ ] General Dentistry

Name ____________________________ Last __________ First __________ Middle __________ Age ________ Sex *

Social Security No. ___________________________ Phone No.: ___________________________ E-mail Address ___________________________

Present Address ____________________________

Home Address ____________________________

Date of Birth ____________________________ Place of Birth ____________________________ Ethnicity ____________________________

Military Status ____________________________ Citizenship ____________________________

If presently on active duty, what is your date of separation ____________________________ (Month, Day and Year)

Licensure (name states) ____________________________

Marital Status ____________________________

Please supply full information regarding previous education:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates of Attendance</th>
<th>Date and Degree Awarded</th>
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<tbody>
<tr>
<td>High School or Academy</td>
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<td>Colleges or Universities</td>
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<td>Dental School</td>
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<tr>
<td>Other Schools</td>
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* For Statistical Purposes Only.
Indicate any experience in the following areas: (use an attached sheet if needed)

Private Practice (Give dates, location, kind)

Dental Service with Armed Forces or Other Governmental Agencies

Research

Academic Appointments

List membership or participation in dental fraternities, honorary societies, extra-curricular activities, original publications and other areas which you consider important and relevant (use an attached sheet if necessary).

Indicate any language including English that you

Speak

Read

Write

How do you propose to meet the expenses of your postdoctoral education?

How was your attention first directed to the program for which you are applying?
Are you in good health? ______ List any physical disabilities. ____________________________

Describe your long-range career objectives subsequent to successfully completing the program for which you are applying, i.e. practice, teaching, research, etc. (Use an attached page if necessary)

____________________________________

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Discuss below in your own handwriting your reasons for desiring postdoctoral education and why you wish to study at this particular school. (Use an attached page if necessary)

____________________________________

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List below two references who know your professional and personal qualifications. Please have them complete and return the enclosed evaluation forms (Form II). You may have others submit additional letters of reference if you wish. Please have the Dean of your Dental School complete and return Form III to us.

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<thead>
<tr>
<th>NAME</th>
<th>OCCUPATION</th>
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