

**UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY  
UNIVERSITY OF ALABAMA AT BIRMINGHAM  
OFFICE OF POSTDOCTORAL STUDIES**

**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 2<sup>nd</sup> 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)

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Endodontics  | <input type="checkbox"/> Periodontics              | <input type="checkbox"/> General Practice Residency |
| <input type="checkbox"/> Oral Surgery | <input type="checkbox"/> Prosthodontics            | (Specify one) <input type="checkbox"/> VA           |
| <input type="checkbox"/> Biomaterials | <input type="checkbox"/> Dentist Scientist         | <input type="checkbox"/> University                 |
| <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Maxillofacial Prosthetics | <input type="checkbox"/> No preference              |
| <input type="checkbox"/> Pedodontics  |  | <input type="checkbox"/> General Dentistry          |

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

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:

	Name of Institution	Dates of Attendance	Date and Degree Awarded
High School or Academy			
Colleges or Universities			
Dental School			
Other Schools			

\* For Statistical Purposes Only.



