

# APPLICATION FOR ADMISSION DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PROSTHODONTICS

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*This application should be typed or printed in black ink.*

1. Social Security Number\* \_\_\_\_\_
2. Date of application: \_\_\_\_\_ *Month / Day / Year*
3. Projected entry date: \_\_\_\_\_
4. Legal Name: \_\_\_\_\_  
(Last) (First) (M) (Other, if applicable)
5. Current Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)
6. Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)
- Day Phone: \_\_\_\_\_ During Hours: \_\_\_\_\_ to \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
7.  Male  Female
8. Date of Birth \_\_\_\_\_ (*MM/DD/YYYY*)
9. Place of Birth \_\_\_\_\_  
*City / State / Country*
10. U.S. Citizen?  Yes  No  
*If No, give country of citizenship.*
11. Type of Visa \_\_\_\_\_  
Expiration Date \_\_\_\_\_ (*MM/DD/YYYY*)
12. Legal Resident of Texas?  Yes  No  
*If Yes, give county of residence*  
How long? \_\_\_\_\_  
If No, state of legal residence? \_\_\_\_\_
13. Are you a member of the Armed Forces on duty in Texas or a military dependent or spouse?  
 Yes  No  
Branch of Service \_\_\_\_\_  
 Active Duty  Reserves  
Date of Service Entry \_\_\_\_\_ (*MM/DD/YYYY*)
14. Have you ever applied to any of the University of Texas System graduate or professional schools?  
List schools and dates of application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Check below to indicate the admission tests which you have taken or will take.  
(\* See last page)

- **GRE** required for all graduates of dental schools not accredited by the Commission on Dental Accreditation and highly recommended for all applicants from dental schools that do not provide grades or class rankings.
- **TOEFL** required of applicants from countries where English is not the native language. A minimum TOEFL-iBT test score of 92 is required for applicant consideration. We do not accept the IELTS Test.
- **ADAT** required beginning 2017 for all applicants who graduated from dental schools not accredited by CODA.
- **ADAT** required for students who graduated from CODA accredited schools that are Pass/Fail or that do not provide class rankings.

\_\_\_ **Graduate Record Exam (GRE)**

Date Taken/Scheduled \_\_\_\_\_

Scores: *Verbal* \_\_\_\_\_ *Quant* \_\_\_\_\_  
*Analyt* \_\_\_\_\_

\_\_\_ **Test of English as a Foreign Language (TOEFL iBT)**

Date Taken/Scheduled \_\_\_\_\_

Score (*if known*) \_\_\_\_\_

\_\_\_ **Advanced Dental Aptitude Test (ADAT)**

Date Taken/Scheduled \_\_\_\_\_

Scores (*if known*) \_\_\_\_\_

\*\*\*\*\* **All Scores must be submitted through PASS** \*\*\*\*\*

16. In the space below, list ALL colleges, universities, and professional schools attended in chronological order.  
 Include any you plan to attend prior to enrollment. An **OFFICIAL** transcript from each college, university, or professional school is required.

Month & Year Attended		Name of School	Location (City & State)	Major	Diploma/Degree and Date (conferred or expected)
From	To				

(If additional space is necessary, please attach separate sheet)

17. List below continuing education courses completed.

Date	Course Title	Clock Hours	Instructor	School

(If additional space is necessary, please attach separate sheet)

18. List employment SINCE dental school graduation, if applicable.

Name of Firm or Organization Street Address, City & State	Title & Name of Immediate Supervisor	From - To Mo/Yr - Mo/Yr	Your Title & Job Duties

19. List publications and research completed:

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20. Honors, awards, or special recognition while in college or dental school:

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21. List states in which you are licensed to practice dentistry.

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22. How do you plan to finance your postgraduate education?

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23. List the names and addresses of three people to use as references:

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24. Please describe the professional goals you hope to achieve by pursuing postgraduate study:

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25. If you wish to make a personal statement or provide other information that may be pertinent to your application, please include it as a separate attachment.

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I understand that applications are not regarded as "complete" until all supporting papers have been received; therefore, it is in my interest to see that these documents are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I affirm that, if I have claimed to be a legal resident of Texas in this application, that I am a legal Texas resident and will, if required by the institution, provide substantiating evidence.

I understand that prior to acceptance into any residency program at UTHSCSA, applicants must clear a screening process to ensure they are not listed by a federal agency as excluded, suspended or otherwise ineligible for participation. This includes judgments rendered about federally issued student loans, Medicare, Medicaid and other federal fraud, and for males, the Selective Service System.

I am not currently under charge or have not been convicted of a felony or misdemeanor other than minor traffic violations, or an equivalent charge or conviction in any non-U.S. jurisdiction.

I have not been subject in the U.S. or elsewhere, to any disciplinary actions related to professional competence or conduct by any state or other dental licensing board, hospital, health care organization or professional association; such licensure actions to include revocation, suspension, censure, reprimand, probation or surrender.

I certify that the information in this application is complete and correct to the best of my knowledge and belief and that submission of any false information is grounds for rejection of my application, withdrawal of any offer of acceptance, or dismissal after enrollment. I understand that the information supplied in this application is subject to verification.

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*Signature of Applicant*

**Application Deadline**  
**August 1st**

**CLASS RANK / GPA**  
**DENTAL SCHOOL ADVANCED EDUCATION PROGRAM IN PROSTHOODONTICS**

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Applicants to Advanced Education Programs in Dentistry need to submit this form to the Office of the Associate Dean for Student Affairs from which they graduated or plan to graduate.

Applicant's Name *(please print)* \_\_\_\_\_ Dental School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Dean, Dental School

	GPA	Rank in Class	No. of Students in Class
Freshman Year			
Sophomore Year			
Junior Year			
Senior Year			
Cumulative			

# Requirements For Admission

The deadline for all application materials is **August 1**

- Graduation from dental school with a DDS, DMD, or non-US equivalent degree prior to matriculation
- Completion of an ADEA PASS application
- Registration for Match

## **Submit through PASS**

- Official transcripts from all colleges/universities attended
  - If you attended a college/university outside the U.S., PASS requires transcripts to be submitted by either ECE (Educational Credential Evaluators) or WES (World Education Services)
- Three Professional Evaluation Forms
- Institution Evaluation Form
- Curriculum Vitae
- Advanced Dental Admission Test (ADAT) exam scores
  - Required for all applicants who graduated from dental schools not accredited by CODA
  - Required for students who graduated from CODA-accredited schools that are Pass/Fail and/or do not provide class ranking
  - Recommended for all other applicants
- Test of English as a Foreign Language (TOEFL iBT) scores for international applicants for whom English is not the first language
  - The IELTS test is not accepted
  - A minimum TOEFL iBT test score of 92 is required for application consideration
  - TOEFL test scores more than 3 years old at the time of application will not be accepted

## **Submit directly to the program**

Advanced Education in Prosthodontics  
Department of Comprehensive Dentistry, MSC 7912  
UT Health San Antonio  
7703 Floyd Curl Dr.  
San Antonio, TX 78229-3900

- Application for Admission form
- Application fee of \$74 by check in U.S. dollars submitted directly to the program made out to "Advanced Education in Prosthodontics"
- Applicants who are Permanent Residents of the U.S. must provide a certified copy of both the front and back sides of their federal Green Card. All international students must provide their full legal name as it appears on immigration documents.

Qualified applicants will be notified of their selection as a finalist and invitation for a personal interview. An in-person interview is a requirement for admission.

**The University of Texas Science Center at San Antonio**

**NOTICE FOR REQUEST OF SOCIAL SECURITY NUMBER FOR  
EMPLOYMENT PURPOSES**

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Disclosure of your social security number ("SSN") is requested as part of your application for employment with The University of Texas Health Science Center at San Antonio. During the employment application process, your SSN will be used as a unique number in order to identify you within the University's current applicant tracking system. Disclosure of your SSN at the time that you apply for employment is voluntary, but disclosure of your SSN is mandatory before you may be employed by the University. Federal law requires the University to report income and SSNs for all employees to whom compensation is paid. Employee SSNs are maintained and used by the University for payroll, benefits, internal verification, and administrative purposes, to verify employment, and to conduct background checks for security sensitive positions. The University reports SSNs to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**NOTICE ABOUT INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

All requests for documents under that Act should be directed to:  
The Office of the Vice President and Chief Financial Officer  
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900  
By e-mail to: [Publicinfo@uthscsa.edu](mailto:Publicinfo@uthscsa.edu)  
By fax to: (210) 567-7020  
In person at: Academic and Administration Building, Room 442