

Boston University Henry M. Goldman School of Dental Medicine Continuing Education

Specialty Treatment Center Observation Program Application Form

Application Instructions:

- 1) Complete all sections of the application form
- 2) Paperclip passport-sized photo to this application
- 3) Submit your CV in addition to the application
- 4) Submit completed application to: gsdmce@bu.edu

OR mail to: Continuing Education

100 East Newton St, G308

Boston, MA 02118

Applications will only be considered after all of the above items are received by Continuing Education at Boston University Henry M. Goldman School of Dental Medicine GSDM.

POSTDOCTORAL CLI ☐ Endodontics ☐ O ☐ Oral and Maxillofa	rthodontics 🗆 Pe	.IKE TO OBSERVE eriodontics □ Prosth	nodontics		
MONTH FOR WHICH ☐ January ☐ Februa ☐ August ☐ Septer	ary 🗆 March 🗆	☐ April ☐ May ☐ Ju	ne 🗆 July		
Dates Requesting: _		G [4 WEEKS MAXIMUN Alternate date 2: _	M PER OBSERVATION]		
PERSONAL DATA					
Full Name:					
	FIRST	MIDDLE	LAST/SURNAME		
Current Mailing Address:		Postal Code			
Email Address:					
Telephone Number:	Home	Ce	ell		
Permanent Mailing	6 :-				

(If different from above)	State/Province Country		Postal Code □ Permanent Resident □ Foreign National, Visa status				
Citizenship:	☐ US Citizen	□ Perman					
Country of Birth:							
Date of Birth:			(mm/dd/yyyy)	□ Male □ F	emale		
EDUCATION AND PR	ROFESSIONAL B	ACKGROU	IND				
Professional Educatio Professional School		Attended	Class Standing	Degree	Date Received		
Professional Experien List any research or te		e.					
List any professional o	rganization mem	berships ar	nd any honors or awa	rds received.			
I understand that it is received by Continuing consideration, I may b that all of the stateme knowledge. I understa credentials, including acceptance committed	g Education at GS e excluded from tents made by me a nd that falsificati this form, may su	DM and ful the accepto in this form ion of any o bject me to	rther that if I fail to so ance review process. E a are complete, true, o of the information cor o elimination from an	ubmit all nece By signing bel and accurate atained in my y further cons	essary documents fo ow I am confirming to the best of my application		
Signature				 Date			