International Preceptorship in General Dentistry, Pre-Doctoral
A Clinical Continuing Education Program – Application Form

Application Instructions:
1) Complete all sections of the application form.
2) Paperclip passport-sized photo to this application.
3) Include an official copy of your dental school transcripts from ECE.
4) Include an official copy of your TOEFL/IELTS scores.
5) Submit a $100 U.S. application fee in the form of a traveler’s check, money order, or check drawn from a U.S. bank. Made payable to: GSDMCE
6) Submit completed application 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 GSDM.

MONTH FOR WHICH YOU ARE APPLYING
☐ January  ☐ February  ☐ March  ☐ August  ☐ September  ☐ October  ☐ November

PERSONAL DATA

Full Name: ____________________________ ____________________________ ____________________________
                      FIRST                          MIDDLE                      LAST/SURNAME

Current Mailing Address:
Street ______________________________________________________
City ______________________________________________________
State/Province _______________________ Postal Code ____________
Country __________________________________________________

Email Address: ________________________________________________

Telephone Number: Home __________________________ Cell __________________________

Permanent Mailing Address: (If different from above)
Street ______________________________________________________
City ______________________________________________________
State/Province _______________________ Postal Code ____________
Country __________________________________________________

Citizenship:  ☐ US Citizen  ☐ Permanent Resident  ☐ Foreign National, Visa status ________

Country of Birth: __________________________

Date of Birth: __________________________ (mm/dd/yyy)  ☐ Male  ☐ Female
### EDUCATION AND PROFESSIONAL BACKGROUND

#### General Education

<table>
<thead>
<tr>
<th>Post-Secondary School</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>Date Received</th>
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#### Professional Education

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<thead>
<tr>
<th>Professional School</th>
<th>Dates Attended</th>
<th>Class Standing</th>
<th>Degree</th>
<th>Date Received</th>
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#### Graduate Dental Education

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<tr>
<th>School or Hospital</th>
<th>Dates Attended</th>
<th>Program Type</th>
<th>Certificate/Degree</th>
<th>Date Received</th>
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#### Professional Experience

List any research or teaching experience.

_____________________________________________________________________________________

_____________________________________________________________________________________

List any professional organization memberships and any honors or awards received.

_____________________________________________________________________________________

_____________________________________________________________________________________

### DISCIPLINE AND LICENSURE INFORMATION

Are you currently under investigation for or have you ever been subject to a disciplinary action at any college, university, dental school or other training program in connection with misconduct or violation of an honor code which investigation could have resulted or did result in disqualification, suspension, dismissal or other sanctions?  □ Yes  □ No

If yes, please explain:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

If yes, I authorize you to contact the Dean of Students at ________________________________ (specify institution) for further details about this incident.
Please disclose and explain any suspensions, restrictions, or revocations on your ability to practice dentistry in any jurisdiction.
_____________________________________________________________________________________
_____________________________________________________________________________________
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Please describe your dental licensure status, including any states or countries in which you have been licensed.
_____________________________________________________________________________________
_____________________________________________________________________________________
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Have you ever been convicted or plead no contest to any offense, misdemeanor, or felony in any state, the United States, or a foreign country?  □ Yes  □ No
If yes, please explain:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

CERTIFICATION

Applicants who fail to submit all necessary documents for consideration may be excluded from the acceptance process. It is the responsibility of the applicant to ensure that all pertinent records have been received by Continuing Education.

I understand that it is my responsibility to ensure that all pertinent records have been submitted to and received by Continuing Education at GSDM and further that if I fail to submit all necessary documents for consideration, I may be excluded from the acceptance review process. By signing below I am confirming that all of the statements made by me in this form are complete, true, and accurate to the best of my knowledge. I understand that falsification of any of the information contained in my application credentials, including this form, may subject me to elimination from any further consideration by the acceptance committee and/or dismissal from the International Preceptorship Program.

_____________________________________________________________________________________

Signature  Date