



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

Periodontic Preceptorship
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 your CV.
- 4) Include an official copy of your dental school transcripts from ECE.
- 5) Include an official copy of your TOEFL scores, if applicable
- 6) 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**
- 7) Submit completed application to:
Continuing Education
635 Albany Street, Suite G345
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).

PERSONAL DATA

Full Name:	_____	_____	_____
	FIRST	MIDDLE	LAST NAME/SURNAME
Current Mailing Address:	Street _____		
	City _____		
	State/Province _____	Postal Code _____	
	Country _____		
Email Address:	_____		
Telephone Number:	Home _____	Cell _____	
Permanent Mailing Address:	Street _____		
(If different from above)	City _____		
	State/Province _____	Postal Code _____	
	Country _____		
Citizenship:	☐ US Citizen ☐ Permanent Resident ☐ Foreign National, Visa status _____		
Country of Birth:	_____		

Date of Birth: _____ (mm/dd/yyyy) ☐ Male ☐ Female

EDUCATION AND PROFESSIONAL BACKGROUND

Dental Education

School or Hospital	Dates Attended	Degree	Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Professional Education

Professional School	Dates Attended	Degree	Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, other training program, or with your state's dental board 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 or state dental board at _____
_____ (specify institution or state) for further details about this incident.

Please disclose and explain any suspensions, restrictions, or revocations on your ability to practice dentistry in any jurisdiction.

Please describe your dental licensure status, including any states or countries in which you have been licensed.

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 Pediatric Preceptorship Program.

Signature

Date