

APPLICATION FOR ADMISSION TO PRECEPTORSHIP PROGRAM

Section Applying to: _____

For Period from _____ Quarter 20 _____ thru _____ Quarter 20 _____

Number of Academic Quarters 1 2 3 4 (please circle) Esthetics: 5 or 8

Complete all items of the application. Request each institution you have attended to forward an official transcript of your pre-dental and dental records. Select three persons with knowledge of your skills and potential to serve as references and have them complete a confidential report. We request that one of these come from a former teacher in the specialty area for which you are seeking admission. An official copy of your dental school transcripts must accompany this application. Applicants will be considered only after this application and all of the above data has been submitted directly to the Continuing Education in Dentistry Office along with the \$150 application fee paid in U.S. dollars in the form of either travelers checks or a check drawn from a US bank.

Name _____ Telephone _____
(Last) (First) (Middle) (Area Code) Number

Home Address _____ Facsimile _____
(Street) (Area Code) Number

_____ E-mail _____
(City) (Country) (Mail Code)

U.S. Address (if any) _____ Telephone _____
(Street) (Area Code) Number

_____ (City) (State) (Zip Code)

Date of Birth: _____ Place of Birth: _____ Marital Status: _____ No. of Children: _____

Country of Citizenship: _____ Languages Spoken: _____

EDUCATION

List all junior colleges, colleges, universities, graduate and professional schools at which credit has been earned.

INSTITUTION	DATES ATTENDED		MAJOR AND MINOR FIELDS	DEGREE AND DATE
	FROM	TO		

EXPERIENCE

INSTITUTION or ORGANIZATION	DATES ATTENDED		NATURE OF WORK
	FROM	TO	
Military Service:			
Research:			
Teaching:			
Private Practice:			
Other:			

Present Occupation: _____

PROFESSIONAL ORGANIZATIONS

