

## DOCUMENTS REQUIRED TO PROCESS YOUR CU APPLICATION

- **Application Form**
- **\$50 Application Fee**
- **3 Letters of Recommendation**
- **Academic Performance Evaluation Form**
- **Personal Essay**
- **Official transcripts from all colleges and universities you have attended**
- **GRE scores (optional but desirable)**
- **National Board Dental Examination scores**
- **Regents Questionnaire**
- **Colorado Residency Form (Colorado residency not a requirement)**

### **APPLICATION FORM:**

Your application must be submitted by mail and received no later than the **September 30** application deadline.

### **APPLICATION FEE:**

A nonrefundable \$50 application fee must be received by the Orthodontics Postdoctoral Program prior to the initial review of the application folder. Checks should be made payable to **“CU School of Dentistry”**.

### **LETTERS OF RECOMMENDATION:**

Three letters of recommendation must be sent to our Program in a sealed envelope with the recommender's signature across the seal.

- 1) Minimum of 1 dental school faculty member, preferably in Dept of Orthodontics
- 2) Two remaining recommendations from faculty members or practicing orthodontists

### **ACADEMIC PERFORMANCE EVALUATION FORM:**

This form is to be completed by the Dean of your dental school with your class rank and GPA.

### **PERSONAL ESSAY:**

An autobiographical sketch of at least 1 page in length to include any previous orthodontic experiences and your reasons for desiring orthodontic training.

### **OFFICIAL TRANSCRIPTS FROM ALL COLLEGES AND UNIVERSITIES ATTENDED:**

Official transcripts for all college-level coursework must be mailed directly from the colleges to our Program in a sealed institutional envelope. All applicants must have a DDS or DMD degree from an accredited dental school in the United States or Canada.

### **OFFICIAL GRE SCORES:**

The Graduate Record Examination (GRE) must have been taken within the past 2 years. Scores must be sent directly from GRE. Our institutional code is 7209. Contact the GRE at (609) 771-7670 or <http://www.GRE.org>

### **OFFICIAL NATIONAL BOARD PART I & II SCORES:**

Scores must be sent from the National Board office and will not be accepted if sent by the applicant. Contact the National Board at (312) 440-2678 or get a request form at their website [www.ADA.org](http://www.ADA.org) (click on “Dental Professional”, then “Testing Services”, then “Educational & Career Resources-Testing Services”, then “National Board Transcripts Request Form”, then download, fill out and mail to them).

**INTERVIEW REQUIRED:** Personal interviews are by invitation only.

**MAILING ADDRESS: (application fee, transcripts, scores, & letters of recommendation)**

### **US POSTAL SERVICE ADDRESS**

CU School of Dentistry  
Postdoctoral Prog in Orthodontics  
Mail Stop F-849  
P.O. Box 6508  
Aurora, CO 80045

Phone: (303) 724-6990

### **FED-EX or UPS DELIVERY**

CU School of Dentistry  
Postdoctoral Prog in Orthodontics  
13065 E. 17<sup>th</sup> Ave  
3<sup>rd</sup> Floor  
Aurora, CO 80010

Phone: (303) 724-6990



**RESIDENCY EXPERIENCE**

Institution	Dates	Type of Residency

**PRIVATE PRACTICE EXPERIENCE:**

Name of Practice	Address of Practice	Dates Employed

**WORK EXPERIENCE:** (other than a private practice)

Name of Practice	Address of Practice	Dates Employed

**TEACHING EXPERIENCE:**

Institution (Department & Address)	Position Held	Dates Employed

**PROFESSIONAL MEMBERSHIPS:**

Organization	Position Held	Dates

**PROFESSIONAL PUBLICATIONS OR PRESENTATIONS:**

Title of Publication or Presentation	Journal/Group Presented To	Date

**RESEARCH EXPERIENCE:**

(Please include: focus of research, level of involvement, dates)

**ARE YOU APPLYING FOR OR HAVE YOU RECEIVED A SCHOLARSHIP?**

- No  
 Yes, military/public health  
 Yes, OEC (Orthodontic Education Co)  
 Yes, other

I, the applicant, attest that the information given with this application is, to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**Postdoctoral Program in Orthodontics  
University of Colorado School of Dentistry  
Mail Stop F-849, P.O. Box 6508  
Aurora, Co 80045  
Phone: (303) 724-6990  
FAX: (303) 724-6999**

**ACADEMIC PERFORMANCE EVALUATION**  
(To be completed by the Dean of the School of Dentistry)

Name of Applicant: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Applicant's Statement:

I authorize the release of requested information to the University of Colorado School of Dentistry, Department of Orthodontics.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Dean's Section**

**Dental Class Ranking**

Cumulative GPA: \_\_\_\_\_

Cumulative Class Ranking: \_\_\_\_\_

Class Size: \_\_\_\_\_

**National Board Examination Scores**

**PART 1**

**PART 2**

Exam Date	Anat Sci	Biochem Physio	Micro Path	Dent Anat	Average	Reference Number		Exam Date	Average

**Dean's Endorsement of the Candidate:**

\_\_\_ Highly recommend    \_\_\_ Recommend    \_\_\_ Recommend with reservations    \_\_\_ Do not recommend

**COMMENTS:**

\_\_\_\_\_  
Dean's Name

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Name of Dental School

\_\_\_\_\_  
Date

**Postdoctoral Program in Orthodontics**  
**University of Colorado School of Dentistry**  
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**LETTER OF RECOMMENDATION**

Candidate's Name: \_\_\_\_\_

I do waive  do not waive my right of access to this letter of recommendation

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Evaluator's Section**

	<b>Superior Upper 5%</b>	<b>Excellent Upper 5-25%</b>	<b>Good Upper 25-50%</b>	<b>Fair Lower 0-50%</b>	<b>No basis for judgment</b>
Intellectual ability					
Academic dental knowledge					
Clinical ability					
Manual dexterity					
Capacity for analytical thinking					
Problem-solving skills					
Writing skills					
Personal & social skills					
Emotional maturity					
Common sense & judgment					
Leadership ability/Initiative					
Ability to work independently					
Responsibility & reliability					
Ability to handle large work load					
Ability to accept criticism					
Professionalism					
Overall opinion of applicant					

**List the courses completed under the person giving this recommendation (if applicable)**

Course No.	Course Title	Dates	Grade
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How long have you known applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

**Overall endorsement of this applicant:**

Highly recommend     Recommend     Recommend with reservations     Do not Recommend

**Please provide a separate letter of evaluation which includes any pertinent information regarding the following characteristics of the applicant:**

- Character, integrity personality
- Specific strengths & weaknesses
- Ability to carry on advanced studies in orthodontics
- Comparison of this individual with other students you have known

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Institution \_\_\_\_\_

Title \_\_\_\_\_ Phone No \_\_\_\_\_

Address \_\_\_\_\_

## **PERSONAL ESSAY**

An autobiographical sketch at least 1 page in length including any previous orthodontic experiences and your reasons for desiring orthodontic training.

## BOARD OF REGENTS QUESTIONNAIRE

The University of Colorado requires that all applicants provide information concerning any past felony or misdemeanor records. This is a rule, not of the Dental School, but the University of Colorado system imposed by the Board of Regents.

While the record of a conviction would not necessarily prevent an applicant from being accepted or enrolled at the School of Dentistry, **failure** to provide information concerning such conviction would prevent matriculation or dismissal if the information were later revealed, thus indicating that the applicant had falsified the report.

In compliance with this regulation, please sign the attached form, after correctly answering the question. Thank you for compliance with this regulation. We are pleased that you are an applicant to the University of Colorado School of Dentistry.

As required by the Board of Regents of the University of Colorado you must answer, sign and submit as part of your formal records the following question.

Have you ever been convicted of a felony or misdemeanor other than traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to the above question, please attach a statement of explanation.

I hereby certify that to the best of my knowledge the information above is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 10/05

**VERIFICATION OF COLORADO RESIDENCY**  
**School of Dentistry**  
**Orthodontic Residency Program**

TERM/YEAR: SUMMER \_\_\_\_\_ FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ \*SS# \_\_\_\_\_

ADDRESS FOR REPLY

\_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS

\_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_  
AGE DATE OF BIRTH MARITAL STATUS DATE MARRIED

\_\_\_\_\_ Check here if you are NOT claiming Colorado residency at this time. Information on establishing residency for tuition purposes will be forwarded to you. You do not need to complete the rest of this form.

\*Disclosure of Social Security number is voluntary. It is requested on this form to facilitate processing and recordkeeping by the University.

.....  
If the applicant was 23 years old or older, or was married, or was emancipated from his or her parents **no later than the beginning of the term to which he or she is applying**, the applicant should complete this form. Otherwise, a parent or court-appointed legal guardian should complete the form and it should reflect this person's information, not that of the applicant. If you have questions regarding this, please call (303) 315-7676.

.....  
\_\_\_\_\_  
PERSON COMPLETING THIS FORM (if other than applicant)

\_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

Name \_\_\_\_\_  
Last 4 Digits of Social Security # \_\_\_\_\_

You must answer **EACH** of the following questions (1 -13):

1. List dates of physical presence in Colorado (use the back page of this form if necessary):

From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year

2. Are you a citizen of the United States? ..... YES NO
- a. If not, do you hold a Permanent Resident Alien card?..... YES NO  
Date issued \_\_\_\_\_ **COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.**
- b. If you do not have a Permanent Resident Alien card, what category of visa do you hold? \_\_\_\_\_  
Date issued \_\_\_\_\_ **COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.**

3. Did you file a Colorado state income tax return in the last 12 months?.... YES NO
- a. List exact years for which you have filed Colorado returns:  
\_\_\_\_\_
- b. List exact years for which you have filed returns in another state:  
\_\_\_\_\_
- c. If you did not file a Colorado return in the past 12 months, please state reason(s):  
\_\_\_\_\_  
\_\_\_\_\_
- d. Is Colorado income tax currently being withheld? ..... YES NO

4. List all employment for the past two years (Last one first):

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
City/State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
City/State \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_  
City/State \_\_\_\_\_

(If not currently employed):  
Have you accepted future employment in Colorado? ..... YES NO

Future Employer \_\_\_\_\_ Date of future employment \_\_\_\_\_

Name \_\_\_\_\_  
Last 4 Digits of Social Security # \_\_\_\_\_

5. Are you registered to vote? ..... YES NO  
a. In what state? \_\_\_\_\_  
b. Date of last registration: \_\_\_\_\_
6. Have you operated a motor vehicle in the past twelve months in Colorado? ..... YES NO
7. Do you own a motor vehicle? ..... YES NO  
a. In what state is it licensed? \_\_\_\_\_  
b. Month and Year of Colorado motor vehicle registration during the past two years:  
\_\_\_\_\_ and \_\_\_\_\_
8. Do you have a current motor vehicle operator's license? ..... YES NO  
a. In what state was it issued? \_\_\_\_\_  
b. Date of issue: \_\_\_\_\_  
c. Is this a renewal of a previously issued Colorado driver's license? \_\_\_\_\_
9. Do you own residential real property in Colorado? ..... YES NO  
a. Date purchased: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
\_\_\_\_\_
10. Do you maintain a home in another state? ..... YES NO  
a. List states(s): \_\_\_\_\_  
b. List dates that you have resided in these homes \_\_\_\_\_
11. Were you graduated from a Colorado high school? ..... YES NO
12. Have you attended any college or university during the past two years?..... YES NO  
From \_\_\_\_\_ To \_\_\_\_\_  
University \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
University \_\_\_\_\_  
a. At which schools were you assessed in-state tuition? \_\_\_\_\_
13. Have you served in the Armed Forces during the past two years?..... YES NO  
a. If so, list dates of service  
\_\_\_\_\_  
b. What period of this time were you stationed in Colorado?  
\_\_\_\_\_

PLEASE NOTE: If you are active duty military (or dependent of active duty military) stationed in Colorado and are not a Colorado resident, you may be eligible for in-state tuition rates. Contact the education officer on your base.

