



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY
Department of Pediatric Dentistry
IUPUI

PRECEPTORSHIP IN PEDIATRIC DENTISTRY APPLICATION

Application instructions

- Complete all sections of the application form and send to gradpedo@iupui.edu
- Include an official copy of your dental school transcripts (translated into English and original ECE course evaluation)
- Complete English language proficiency verification form
- Please include your most recent Curriculum Vitae (CV)
- Two (2) letters of evaluation from faculty members using the program evaluation form
- A passport sized photograph sent to gradpedo@iupui.edu

PERSONAL DATA

Full name: _____

FIRST _____ MIDDLE _____ LAST _____

Current mailing address: Street _____

City _____

State/Province _____

Postal code _____ Country _____

Email address: _____

Telephone number: _____ 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

General Education

Post-secondary school	Dates attended	Major	Degree	Date received

Professional education	Dates attended	Major	Degree	Date received

Graduate dental education	Dates attended	Major	Degree	Date received

Other education	Dates attended	Major	Degree/certificate	Date received

Academic appointments	Start date	End date	Position	Courses taught

Professional experience _____

List any research experience or awards received _____

Professional and organizational memberships (please list) _____

DISCIPLINE AND LICENSURE INFORMATION

Are you currently under investigation 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: _____

Have you ever been subject to any suspension, restriction, or revocation of your ability to practice dentistry in any jurisdiction? Yes No

If yes, please explain: _____

Please describe your 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 (excluding violations in traffic laws resulting in fines)? Yes No

If yes, please explain: _____

PERSONAL STATEMENT

Please include a statement below describing your reasons for seeking advanced training and education with the Indiana University School of Dentistry Department of Pediatric Dentistry.

CERTIFICATION

Applicants who fail to submit all required documents may be excluded from the application process. It is the responsibility of the applicant to ensure that all pertinent documents and records have been received by our office.

I understand that it is my responsibility to ensure that all pertinent records have been submitted to and received by the Indiana University School of Dentistry Department of Pediatric Dentistry and further that if I fail to submit all necessary documents for consideration, I may be excluded from the 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 admissions committee and/or dismissal from the preceptorship in pediatric dentistry program.

Signature

Date