Roseman University of Health Sciences
AEODO/MBA Residency Program
4 Sunset Way, Building C
Henderson, NV 89014

APPLICATION FOR THE ONE-YEAR INTERNSHIP IN ADVANCED EDUCATION IN ORTHODONTICS AND DENTALFACIAL ORTHOPEDICS

Application Instructions and Checklist

Please initial each item as it is completed:

1. Please review the program information provided at http://www.roseman.edu/dental /.

2. You must complete, sign and return the **Application** to the address provided below.

3. Please **type** or **legibly print** your answers to all questions on the Application.

4. Please be as detailed as possible. Should you need more space for an answer or explanation, please attach an additional sheet of paper.
   - In case additional space is needed, please be certain to always provide the question number pertaining to your response and/or explanation.
   -Make sure to include your name and social security number on the additional paper to be included with your application

5. Please be sure to provide a non-refundable check or money-order in the amount of U.S. $25 along with your application.
   -Make your check or money-order payable to "Roseman University of Health Sciences"
   -Please make sure your name is included on the check or money-order

6. One letter of recommendation must be mailed to the University along with your completed application, as long as it is in its original, sealed and singed envelope. Only one letter of recommendation is required and it may be from an individual of your choosing.

7. You may include a current curriculum vitae (CV) along with your Application packet.

8. Official, current dental school transcript (s) must be mailed **directly** to Roseman University of Health Sciences Internship from your dental school.

9. **Although not mandatory to apply,** if you have taken the National Boards (Part I and/or II), GRE, and the TOEFEL, please send your scores to the address provided below. Unofficial scores are accepted.

10. All provided information must be correct, current and complete to the best of your knowledge. Please sign the last page of this application (*Certification*) to attest to the completeness and accuracy of all provided information.

Please note: In order for your application to be processed or reviewed, all requested documents must be provided to the Roseman University of Health Sciences.

Please send your Application and all other required documents to the address below:

Roseman University of Health Sciences
Attention: Dr. Prashanti Bollu
Program Director
AEODO/MBA Residency Program
4 Sunset Way, Building C
Henderson, NV 89014

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Please complete all items of the application **(a typed application is preferred)**.

PERSONAL/BIOGRAPHICAL INFORMATION

1. Full Legal Name: _____ 2. Social Security #: _____
(Last) (First) (Middle)

3. Phonetic Spelling (How do you say your name?): _____
(Last) (First) (Middle)

4. Current Mailing Address: _____ 5. Cell Phone #: _____
(Street)

_____ 6. E-mail: _____
(City) (State) (Zip Code)

7. Permanent Mailing Address: _____ 8. Date of Birth: _____
(Street)

_____ 9. Place of Birth: _____
(City) (State) (Zip Code)

10. Gender: ☐ Male ☐ Female 11. Marital Status (optional): _____

ETHNICITY (optional)

12. Indicate in which of the following classifications you consider yourself:

- ☐ Decline to state
- ☐ American Indian/Alaskan
- ☐ Black/African American
- ☐ Chicano/Mexican American
- ☐ Chinese/Chinese American
- ☐ East Indian/Pakistani
- ☐ Pacific Islander (including Polynesian, Micronesian and other Pacific Islander)
- ☐ Other _____
- ☐ Filipino/Filipino American
- ☐ Japanese/Japanese American
- ☐ Korean/Korean American
- ☐ Latino/Other Spanish American
- ☐ White/Caucasian (including Middle Eastern)
- ☐ Other Asian (not including Middle Eastern) _____

CITIZENSHIP

13. Are you currently a U.S. citizen? ☐ Yes ☐ No

☐ U.S. Citizen:
☐ Birth ☐ Naturalization- Certificate #: _____

☐ Non-U.S. Citizen
☐ Permanent U.S. Resident – Permanent Resident Card #: _____

☐ Student Visa Holder: F-1 Student Visa #: _____
**You must have a valid, current Student Visa (F-1 Visa) and a U.S. Social Security Number to enroll at USN

14. Emergency Contact Information:

_____

(Name) (Relationship) (Telephone #)

15. What score did you receive on the National Boards Part I? ___ When was the exam taken? _____

16. Have you ever been denied a license to practice dentistry, or had an existing license restricted, suspended, or revoked?
☐ Yes ☐ No
If so, please provide detailed explanation for each incident.

_____

_____

_____

BACKGROUND INFORMATION

17. Have you ever **withdrawn from, faced disciplinary action** (including suspension) or been **dismissed** by a predoctoral (dental school), postdoctoral or graduate program?
☐ Yes ☐ No
If so, please provide detailed explanation for each incident and its outcome.

_____

_____

_____

18. Have you ever been convicted of, or have pending, **a misdemeanor or felony charge** (excluding minor traffic violations)?

☐ Yes ☐ No

If so, please provide detailed explanation for each incident.

_____

_____

_____

19. Do you have any health related conditions that would hinder your ability to participate in any portion of your education?

☐ Yes ☐ No

If so, please provide detailed explanation for each condition.

_____

_____

_____

EDUCATION

20. Give names of all community colleges, universities, graduate, postgraduate, professional schools (including dental school) you have attended, starting with the most recent.

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

WORK AND VOLUNTEER EXPERIENCES

21. Please provide your clinical, research, teaching and volunteer work experience since graduating from high school.

	DATES		
INSTITUTION OR ORGANIZATION	FROM	TO	NATURE OF WORK
Clinical Experience:			
Research:			
Teaching:			
Volunteer Work:			

CERTIFICATION

This certification must be signed and dated by the applicant to proceed with the application process. I certify that the information on this application is complete and correct and understand that the submission of false information or omission of information is grounds for rejection of my application, withdrawal for any offer of acceptance, cancellation of enrollment, or appropriate disciplinary actions. I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to the Roseman University of Health Sciences. I agree to notify the proper officials of the institution of any changes in the information provided on this application. I also agree to pay all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount owed to the Roseman University of Health Sciences.

_____ _____

Applicant Signature Date