



Space
for
Photograph

AEGD RESIDENT APPLICATION

Name: _____ Email: _____

Present Address:

_____ Street _____ City _____ State _____ Zip _____ Phone: _____

Permanent Address:

_____ Street _____ City _____ State _____ Zip _____ Phone: _____

Are you legally authorized to work in the United States?

Yes No

Will you now, or in the future, require sponsorship for employment or student visa status?*

Yes No

*Note: Holders of certain types of visas are not eligible for this residency program. AEGD residents are considered employees of the university, not students. In addition to meeting the requirements listed on the Admissions page of our website, you must be either: 1) a citizen of the U.S., **or** 2) a permanent resident of the U.S. (possess a green card).

Are you qualified to engage in the active practice of Dentistry with or without a reasonable accommodation?

Yes No

EDUCATION AND TRAINING

College: _____ Location: _____

Dates Attended: _____ Degree: _____ Year Graduated: _____

Dental School: _____ Location: _____

Dates Attended: _____ Degree: _____ Year Graduated: _____

Licensed to Practice:

State: _____ License Number: _____ Date: _____

State: _____ License Number: _____ Date: _____

State: _____ License Number: _____ Date: _____

CONFIDENTIAL INFORMATION

A license to practice dentistry can be refused or suspended because of criminal conviction.

Have you ever been convicted of a felony or misdemeanor? Yes No

Honors Received: _____

Extracurricular Activities: _____

Research Experience: _____

Publications: _____

PROFESSIONAL ACTIVITIES

Resume of Private Practice: _____

Resume of Military Service: _____

Employment since Graduation: _____

References: One reference must be from an administrative officer of the dental school from which you graduated. This letter should include such information as class standing, scholastic average and/or your potential for graduate study. We request that you ask those listed to write letters of recommendation in your behalf and send them to the address below.

1. _____

2. _____

3. _____

INSTRUCTIONS

1. Complete application and forward to:
AEGD Applications
Dr. Katie Hanser, AEGD Director
SIU School of Dental Medicine
2800 College Ave, Bldg. 273
Alton, IL 62002
2. If you **are** participating through PASS, please submit the following supplemental items:
 - a. Official transcript forwarded by undergraduate college(s)
 - b. 3 letters of recommendation as listed above (if not included in PASS)
 - c. Current curriculum vitae (if not included in PASS)
 - d. Small photograph (2 in. x 2 in.)
3. If you are **not** participating through PASS, please submit the following items:
 - a. Photocopy of dental school diploma (if available)
 - b. Official transcript forwarded by undergraduate college(s)
 - c. Official transcript forwarded by dental school
 - d. 3 letters of recommendation as listed above
 - e. Current curriculum vitae
 - f. Official National Board Scores Part I & Part II or INBDE
 - g. Small photograph (2 in. x 2 in.)

CERTIFICATION

I understand that withholding information requested on this application or giving false information will cause me to be ineligible for admission or subject to dismissal. With this in mind, I certify that the forgoing statements are correct and complete.

I further certify that if accepted for admission, I shall comply with the rules of Southern Illinois University School of Dental Medicine and the University.

Date _____ Applicant's Signature _____

DENTPIN # _____