



UNIVERSITY OF MINNESOTA SCHOOL OF DENTISTRY

Application for Admission to the Hospital and Special Care Dentistry Fellowship



NAME (last) (first) (middle)

Citizenship _____ Soc. Sec. # _____ - _____ - _____

Date of Birth ____/____/____

CURRENT ADDRESS (city) (state) (zip code) (phone #)

PERMANENT ADDRESS (city) (state) (zip code) (phone #)

EDUCATION

RESIDENCIES/GRADUATE Degree(s) and Graduation Date(s)

DENTAL SCHOOL Degree and Graduation Date

Summary of Academic Honors

Summary of Extra-curricular Activities

Summary of Professional Work Experience

LETTERS OF REFERENCE

List names and addresses of three people who are in a position to comment on your personal and professional qualifications for the Hospital and Special Care Fellowship

Name Title Address

Name Title Address

Name Title Address

I verify, by my signature, that the information on this application is true to the best of my knowledge

Signature Date

SUPPLEMENTAL REQUIREMENTS

In Addition To This Application Form Include The Following:

- ◆ LETTERS OF REFERENCE. (3)
- ◆ LETTER OF INTENT. (500 WORDS OR LESS)
 - 1) Your background and interest in hospital and special care dentistry.
 - 2) How this program relates to your career goals.
- ◆ TRANSCRIPTS:

*Certified copies of your dental/dental hygiene school and any other post-graduate school transcripts are required. (If you are already enrolled at the University of Minnesota, copies of transcripts can be transferred **directly** from another academic program to the HSCD Fellowship but **cannot** be accepted from students themselves.)
- ◆ A COPY OF YOUR U.S. NATIONAL BOARD SCORES
- ◆ A COPY OF YOUR TOEFL SCORES (Foreign Applicants Only).
- ◆ CURRICULUM VITAE OR RESUME

INTERVIEWS: An interview may be required. We will contact you to schedule an interview appointment shortly after the application deadline. If an earlier interview date is more convenient, we will make every effort to accommodate you. Please allow three (3) weeks advanced notice to arrange the visit.

CORRESPONDENCE: All correspondence and telephone inquiries should be addressed to:

Jeffrey Stefani, DDS
Program Director
Hospital and Special Care Dentistry Fellowship
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Minneapolis, MN 55454

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Telephone: 612-659-8695

Equal Opportunity - The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, religion, color, sex, gender identity, national origin, disability, age or veteran status.