



Hospital and Special Care Dentistry Fellowship

APPLICATION FOR ADMISSION

Personal information

Name _____
Last First Middle

Citizenship _____ Social Security # _____

Date of Birth _____ Phone number _____

Current address _____ City State Zip

Permanent address _____ City State Zip

Education

Residencies/graduate _____

Degree(s) and graduation date(s) _____

Dental school _____ Degree and graduation date _____

Academic honors _____

Extracurricular activities _____

Professional work experience _____

Reference letters

List the 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
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Name	Title	Address
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Name	Title	Address
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Verification of accuracy

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

Signature	Date
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Supplemental requirements

Please include the following, in addition to this form, in your application.

- Letters of reference (3)
- Letter of intent (500 words or less)
 - Your background and interest in Hospital and Special Care Dentistry
 - 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.
- Copy of your US National Board scores
- 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 advance 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
University of Minnesota School of Dentistry
Malcom Moos Health Sciences Tower
515 Delaware Street SE, Minneapolis, MN 55455

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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.

