

FACULTY OF DENTISTRY APPLICATION

Oral and Maxillofacial Surgery Internship Program

Instructions to Applicants

IMPORTANT

These forms with all questions answered and all relevant information given, including the academic record, are to be sent by you to:

**Oral and Maxillofacial Surgery Internship
Program Director
Department of Oral and Maxillofacial Sciences
Faculty of Dentistry
5981 University Avenue, Room 5132
PO Box 15000
Halifax NS B3H 4R2**

An application fee of \$70 must be paid by all applicants, as follows:

Canadian or US applicants: Cheque, money order or bank draft, Visa, MasterCard or American Express

International applicants: Bank Draft (Canadian or US funds only; Visa, MasterCard or American Express. (US dollars will be charged on US accounts).

Please do not send cash. Visa, MasterCard and American Express payments must include credit card number, expiry date, name and signature or cardholder. Make cheques payable to Dalhousie University (print applicant's full name on back of cheque).

Information that you wish brought to the attention of the Admissions committee should be included in your letter of intent.

DEADLINES

Application forms	August 31
Supporting documents	August 31
Academic transcripts	As soon as they are available

APPLICANTS

In addition to this application form, applicants must submit by the August 31 deadline the following documentation to the Oral and Maxillofacial Surgery Internship Program Director:

1. Official transcripts from all colleges and universities that you have attended (as soon as they are available).
2. Two academic letters of reference, in sealed envelopes with the referee's signature over the seal.
3. A letter from the Dean of the graduating Dental School indicating the applicant's standing in the class during the four years of the program.
4. Statement of intent: Submit a two-page letter outlining your interest and suitability for this program.
5. Current curriculum vitae.

ACADEMIC REQUIREMENTS

Students require:

Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) degree, eligibility for student licensure in Nova Scotia and a **NDEB certificate**.

Minimum **mid-B** average during the student's undergraduate coursework (with a minimum average of A- over the the last two years).

Demonstrated ability to **communicate and write in English** (consistent with entry requirements of the Faculty of Dentistry, eg TOEFL >600, or computer-based TOEFL minimum of 250).

FACULTY OF DENTISTRY

Oral and Maxillofacial Surgery Internship Program

PERSONAL DETAILS

Full Legal Name

Include your full legal name as it appears on your official identification documents, for example your birth certificate or passport. Upon admission, Dalhousie will communicate with you at the mailing address and email address below. Please ensure this information is clear and correct. Your full legal name should also appear on all supporting documents.

Last Name (Surname/Family Name) Previous Surname (if applicable)

First Name Middle Name Preferred First Name

Street Address/PO Box/Rural Route/Lot # (Please indicate the address to which all university correspondence will be mailed).

City Province/State Postal Code/Zip Country

Home Phone Work Phone Fax Number

Province or Country of Permanent Residence (if different from above)

Country of Permanent Residence (residents of NS, NB, or PEI only) Country of Birth

E-mail

Gender: Male Female Not Declared **Date of Birth:** Y|Y|Y|Y|Y|Y

Citizenship Status: Canadian Citizen Permanent Resident of Canada Study Permit (International Students) Other (Specify)

If you are not a Canadian citizen and you are residing in Canada, indicate your date of entry into Canada. D|D|M|M|Y|Y|Y|Y|Y

Residency Status (see Calendar or Web statement for policy on permanent residence): **Length of residence in the Atlantic Provinces**

NS NF NB PE Other Canadian Province Other International Years _____

Alternate Contact Person

Last Name First Name

Street Address/PO Box/Rural Route/Lot #

City Province/State Postal Code/Zip Country

Home Phone Relationship to you

Academic History (College/University)

Failure to disclose will result in disciplinary action.

Have you attended another college or university? Yes No

Are you attending university in the current academic year? Yes No

Have you ever applied to, attended or worked for Dalhousie University, University of King's College or the former TUNS? Yes No

If yes, please provide your ID #

You must disclose all, including those located outside Canada. Include an additional page if more space is required.

College/University	Province/State/Country	Attendance From	To	Degree/Diploma Obtained and Major
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	
		MM/YYYY	MM/YYYY	

References

See instructions for specific details on required references

Name	Occupation
Address	Telephone/Email
Name	Occupation
Address	Telephone/Email
Name	Occupation
Address	Telephone/Email

Payment

Indicate your method of payment for the non-refundable application fee. The **\$70 application fee** must be received before your application can be processed or reviewed.

Cheque / Money Order (made payable to Dalhousie University)

Credit Card: Visa Mastercard American Express

Card Number

Expiration Date

Name of cardholder (as it appears on the card)

Signature of cardholder

Background Information

Because of the nature of the study and practice of dentistry which places you in a position of special trust, the Faculty of Dentistry requires you to answer the following question:

Have you ever been convicted of a criminal offence for which you have not received a pardon? Yes No

If yes, please explain

Is there anything in your background which would impact in an adverse way your legal or ethical suitability for the practice of dentistry? Yes No

If yes, please explain

Any applicant who responds "yes" to the above questions will still be considered for the programme. By submitting this application, you are agreeing that the faculty of dentistry admissions committee may contact third parties to obtain additional information.

Declaration (Required)

I hereby certify that all of the above information provided in this application is complete and correct, and I authorize Dalhousie University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal. I agree that details concerning my application, enrolment or any falsification of information may be provided to other institutions including the Association of Registrars of the Universities and Colleges of Canada, in accordance with the Freedom of Information and Protection of Privacy Act. I agree to follow and be bound by the provisions of the Calendar, and the regulations of the University, including any revisions, deletions or additions made to them in the future. If admitted, I agree to pay all fees associated with my registration and enrolment at the University.

Signature

Date

Forward your completed application form and application fee as well as other supporting documents (e.g. transcripts, references) to the department prior to the deadlines listed to:

**Oral and Maxillofacial Surgery Internship Program Director | Department of Oral and Maxillofacial Sciences | Faculty of Dentistry
5981 University Avenue, Room 5132 | PO Box 15000 | Halifax, NS B3H 4R2 Canada**

All submitted documents become the property of Dalhousie University and will not be returned.
Your application must be complete to be processed and a decision made.
Possession of minimum requirements does not guarantee admission.
Acceptance to some programs is limited due to the number of spaces available.

For information regarding your application, contact omfs.dentistry@dal.ca.

OFFICE USE ONLY

Department/School

Date

Recommending Officer

Accepted Rejected

Basis of Admission

Comments

Entered by

Date

Decision Recorded Date