

# Faculty of Dentistry Application

## Dentistry General Practice Residency Program

### Instructions to Applicants:

#### IMPORTANT

These forms with all questions answered (give information required or, where appropriate, use the words “yes”, “no”, “nil”, or “NA” [not applicable] etc.) and all relevant information given, including the academic record, are to be sent by you to:

**Registrar’s Office, Dalhousie University**  
**Henry Hicks Academic Administration Building**  
**PO Box 15000**  
**Halifax, NS B3H 4R2**

An application fee of \$70 must be paid by all applicants, including those who have attended Dalhousie University or University of King’s College, as follows:

<i>Canadian or U.S. applicants:</i>	<i>International applicants:</i>
Cheque; money order or bank draft; Visa; MasterCard or American Express; or Interac (in person).	Bank draft (Canadian or U.S. funds only); Visa; MasterCard or American Express. (U.S. dollars will be charged on U.S. accounts.)

***Please do not send cash.***

*Visa, MasterCard, and American Express payments must include credit card number, expiry date, name and signature of cardholder. Make cheques payable to Dalhousie University (print applicant’s full name on back of the cheque).*

Information that you wish brought to the attention of the Admissions Committee (ie. Working full-time while studying part-time) should be included in a separate letter with your application.

<b>Deadlines</b>	
<b><i>Application forms</i></b>	October 19
<b><i>Supporting documents</i></b>	October 19
<b><i>Academic Transcripts</i></b>	As soon as they are available

#### APPLICANTS

In addition to this application form, applicants must submit by the October 19 deadline the following documentation:

1. Official transcripts from all colleges and universities that you have attended, forwarded directly to the Registrar’s Office by the issuing institutions;
2. Three confidential evaluation forms (included in application package), sent directly by your referees to the Dentistry General Practice Residency Coordinator, Faculty of Dentistry. Include on the application form the names, addresses, and occupations of the three referees (not relatives) who will provide a confidential evaluation in regard to character, etc. At least one of these should be employers or professors with whom you have worked or attended classes during the last three years.
3. Statement of intent: Submit a two page letter outlining your interest and suitability for this program. Attach a current CV.
4. Supplementary information form (included in application package.)

#### 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 last two years)
- demonstrated ability to **communicate and write in English** (consistent with the entry requirements of the Faculty of Graduate Studies, e.g. TOEFL >600, or computer-based TOEFL minimum of 250)



Have you previously attended, applied to, or worked at Dalhousie, King's, or the former TUNS?

Yes, ID# (if known):

No

<b>B</b>									
Office Use Only								Fee paid	

**Faculty of Dentistry Application**  
**Dentistry General Practice Residency Program**

**1 Personal Data**

Please clearly indicate upper and lower case letters

Legal Last Name (Surname/Family name)

Previous Surname (if applicable)

Legal First Name  Legal Middle Name  Preferred First Name

Street Address (please indicate the address to which all university correspondence will be mailed)

City / Town  Prov/State  Postal / Zip Code

Country  Home Phone Number  -

Work Phone Number  -  Fax Number  -

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

E-Mail Address

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

Gender:  Male  Female

Date of Birth  -  -

Country of Birth

Immigration Status (check one):  Canadian Citizen  Permanent Resident  Study Permit  Other visa/permit

Date of Entry (Permanent Resident or permit only):  -  -

Residency Status (See Calendar or Web statement for policy on permanent residence):

NS  NF  NB  PE  Other Canadian Province  Other International

Length of residence in the Atlantic Provinces:  Years

**Alternate Contact Person**

Last Name  First Name

Street Address

City  Prov/State  Postal / Zip Code

Country  Phone Number  -

Relationship to you

In the event that you are accepted to Dalhousie University's Faculty of Dentistry, our clinic staff needs to know whether you are right- or left-handed to assist them in setting up the clinic cubicles for your use. Please indicate:

I am:  Right-Handed  Left-Handed

**References** (See instructions for specific details on required references)

Name	Address	Telephone/E-mail	Occupation

